THE TORONTO GRADUATE NURSES CLUB

PRES.

Digitized by the Internet Archive
in 2009 with funding from
University of Toronto

http://www.archive.org/details/canadiannurse11cana

7162

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, JANUARY, 1915. No. 1

THE WAR

At the present time, when our thoughts are constantly with those who, in Europe, are waging such a war as has never been known in the whole history of mankind, it might prove of interest to the readers of The Canadian Nurse to consider a little of how the sick and wounded in war time have been attended to during the ages, how the work of attending them has developed, and also what part war has played in the development of surgical science.

Into the "why and wherefore" of this war this is not the place to enquire, and while it seems unthinkable that the insane ambition of one man, or one party, should plunge so many people into such a desperate struggle, should cause such rivers of blood to flow, such holocausts of innocents slain, such suffering among women and children, that is too appalling to contemplate coolly! Yet we must trust that "somehow good will be the final goal of ill"! Here we only see part of the plan, therefore our perspective is necessarily faulty. We must realize that we are all just a piece of a whole, and that this "whole" is before the Designer as a perfect and complete plan, and we, as individuals, have our parts to play in that plan, just as the smallest cog-wheel has in a piece of machinery. The wounded soldier groaning on those awful fields! The bereaved mothers, wives, and children! Ay! the total sum of misery which has been since the Beginning— the "whole creation groaning and travailing together." Surely each individual pain or grief that touches each individual soul is just the discipline that that individual soul requires at that particular stage of its development. Perhaps we make too much of life and the dignity of life, not realizing how small a thing is an individual earthly life.

I cannot help thinking that if we can only realize that there is a "Perfect Design," and that each pain or grief that touches each soul is really the moulding of that soul so that it will finally fit into its place in the Design, those puzzles which now oppress us will be solved, the seeming discrepancies will be reconciled.

I hope this digression will be excused, but I feel that we are all moved in our innermost selves by this stupendous Thing that has come to us, and that there is not one of us who is not asking, and asking "Why?"!

Z 3199. 6.29

From the time that the first mother cared for her child, the desire to succour the weak and helpless was implanted in the human breast. There is little doubt that even prehistoric woman cared for her lord and master when he lay stricken by a blow from a club in some tribal warfare; binding up his wounds, fomenting them with some healing decoction of herbs, tempting his appetite with a savory icsyothaurus or diplodoccus stew, and attending generally to her invalid's comfort. Skill in stanching blood, extracting arrow heads, binding up wounds, supporting broken limbs by splints, etc., has been necessary in all ages and countries.

In ancient Greece patients came from far distant places to the temples dedicated to Aesculapius, the "god of medicine," to place themselves under the care of the priest-physicians, by whom an elaborate religious ritual was performed as part of the cure. One of the debts medicine and surgery owe to warfare is that of divorcing their practice from priestcraft, and so widening and enlarging their borders in a way that would never have been possible if they had remained tied and bound and warped by the vestments of superstition. Unfortunately, both record and history are silent for many centuries on this subject, though there is evidence in Ceylon of a hospital having been in existence there as early as 500 B.C. Historians state that by the ancient Aztecs of Mexico, a civilization that was old when our ancestors were wearing woad and the skins of wild animals, provision was made for their sick and indigent; and during the Roman Empire hospitals were established in all large cities.

In India, at the time of the invasion of Alexander the Great, the Aryan races possessed skilled practitioners in both medicine and surgery, indeed, a splint described along with many other surgical instruments, in treatises written by these ancient practitioners, is even now in use in the British army, and known as the "rattan cane splint." These treatises, of which a translation has been made from the original Sanscrit in which they were written, form fascinating reading; they are ascribed to two individuals, Charaka and Susruta. Susruta describes more than 100 surgical instruments of steel. Fractures were diagnosed by crepitus, and dislocations elaborately classified. Wounds were divided into incised, punctured, lacerated, contused, etc. Cuts were sewn up; foreign bodies were skilfully extracted, the magnet being used (as it is in this present war) for iron particles. Venesection was practised; leeching, cupping, poulticing, and fomenting were done. Amputations were performed, boiling oil being applied to the stumps to control haemorrhage, which drastic treatment was in practice more than 2,000 years later, in the days of Nelson.

In Egypt, also, surgery had reached a comparatively high mark, some of the bas reliefs in the tombs and temples showing men, presum-

ably soldiers, as many of these bas reliefs commemorate military triumphs, bandaged and patched up in various ways; and numerous surgical instruments that have been found in the tombs are now exhibited in museums.

Homer, who wrote at least 800 years B.C., gives us in his immortal Odyssey and Iliad a picture of rough and ready surgery being done on the battlefields in those fierce, half-mythical contests between Trojan and Greek which he describes. In the wars between Greece and Persia, about 500 B.C., one Onarilos and two of his pupils volunteered for service with the troops, the first army surgeons on record.

In the time of Adrian (A.D. 76) we read of tents and a corps of men set apart for the care of the wounded. Trajan, a few years later, on his punitive expedition against the Dacians, had with him a form of ambulance for his injured ones. Every soldier in the Roman army was supplied with a bandage. An army surgeon was attached to each cohort, eight or ten strong men rode with each troop, whose duty it was to keep behind the fighting line, and pick up the wounded; they had two stirrups on the left side of their saddles for the easier transport of their burdens, and carried water bottles, bandages, etc. For each life they saved they received a gold piece. The local inhabitants were expected to receive the wounded into their houses and care for them.

Economical as well as merciful motives have been at the back of this effort to succour the wounded. Where the wounded man is cared for and, so to speak, "repaired," the commander is enabled to use this same man twice. Looking back over the battlefields of the world, we see, though, that it is the suffering of these wounded, the ghastly aftermath of disease and pain that war leaves in its wake, that lends to it its awful significance, that rouses in every breast the burning desire to alleviate this suffering by whatever means lies in that individual's power.

Moved by this spirit of mercy, Pope Leo VI., in 928 A.D., organized a special body of men for the purpose of succouring those who were wounded in the fierce conflicts raging at that time in almost every part of Europe. The Order of St. John of Jerusalem was founded in 1048 A.D., when the struggle between the Cross and the Crescent was being waged. Godfrey de Bouillon ordered a constitution for this order of chivalry, the order of the "Knights Hospitallers of St. John of Jerusalem," who, to the conventual vows of poverty, chastity and obedience, added the duty of caring for the sick. Pope Paschal II. finally established this order in 1113 A.D., and dedicated it to the service of mankind. Its habit was a black robe and cowl with a cross of eight points (4 arrow heads reversed) in white linen on the breast. Its motto was "Pro Utilitate Hominem." Originally, these knights not only

performed the duties of the present-day Army Medical Corps, but were also combatants. However, Saladin allowed them to enter Jerusalem on a neutral footing to attend to their wounded comrades who were his prisoners. This order is still in existence, though, of course, secularised and widened. The headquarters of the English branch are at St. John's Gate, Clerkenwell, London. All who volunteer for special service during time of war are recruited through its channels, and are known as the St. John's Ambulance Brigade. There are courses of training given under its auspices all over England to both men and women in first-aid work. It bestows a decoration, a Maltese Cross enamelled white and edged with gold, on any person who renders conspicuous aid to sick or wounded.

The first really organized ambulance service, in the true sense of the word, was the creation of a woman, "Isabella of Castile." Touched by the sufferings of the soldiers in her husband's army fighting in the civil war then being fought in Spain over the succession to the throne, she sent to the camp, tents, furniture, physicians, etc., with the express stipulation that no charges were to be made to any patient. Historians of the time (about 1469 A.D.) record that the "Queen's Hospital" comprised nearly 400 wagons with awnings, and that the wounded were not left to the care of those highly improper persons who usually followed armies, but were nursed by "honest matrons." These wagons were called "ambulancias," the first use of the name, which was not taken into general usage until the Crimean War. This service was a mobile one, and could follow the army and treat the wounded where they fell. Unfortunately, this was an isolated effort, and after its day the care of the wounded fell back again to the usual handful of barber-surgeons and camp followers.

Between the 13th and 14th centuries a new feature presented itself to those who cared for the wounded in warfare. Until now wounds incident to hand to hand fighting and arrow wounds formed the material for surgeons' work, but now cannon came into use. Bombards and mortars were the first type of cannon used, their projectiles being originally roughly-shaped stones. The success of these led to gradual improvement in their manufacture, and also to the invention of the portable firearm to knock down men, in the same way as longer pieces were used to knock down walls. In 1446 A.D. the first guns, arqubuses, were used by the English army. These discharged small stones or bullets through a tube; then the flint lock came into being; then the fusil, and at the beginning of the 19th century the rifled musket barrel carrying as far as 300 yards. The bullets used by these primitive firearms were round, heavy, clumsy things, and caused much bruising and contusion at point of entry, giving rise to the general opinion that such wounds were poisoned by the gunpowder. Ambrose Pare, the great

French surgeon, was the first to combat this idea. He accompanied the army of Francis I. in its campaign in Piedmont in 1536. Instead of using hot oil in the treatment of gunshot wounds, as was the practice of the day, he used a simple bandage. He also advocated ligaturing for the large arteries, a method which made amputation on a large scale more possible than it had ever been before. Until Richard Wiseman, called the "father of English surgery," advocated amputation in the case of gunshot wounds before the onset of fever, it was only resorted to as a last sad hope. He was surgeon to James I. and Charles I., and was with the Royalist troops during the wars of the Commonwealth in England.

About the middle of the 18th century Frederic the Great of Prussia and the King of France were engaged in what is known as the "Seven Years' War," and during this war, by mutual consent of the allied nations engaged on each side, all the medical staff were treated as neutrals, and were strictly non-combatant. Later, during the Napoleonic wars, the surgeons-in-chief of the armies organized a fairly efficient service on a neutral basis. During this century great strides were made in the army medical services; schemes were prepared for establishing dressing stations, temporary hospitals, etc. Still things were in a very embryonic and unsatisfactory condition. Wounded soldiers were left on the field unattended until after the fighting—it might be the day after the fight or later before surgical help or, indeed, any help reached them. The French army was the first to organize a system of "flying" ambulance carriers. Other nations adopted similar systems, and in the British Indian army a special caste of bearers did the work. Everyone will recall Kipling's "Gunga Din" in this connection. The army organizations of the various nations advanced rapidly in efficiency, but complaints and charges were frequently made of treachery and attacks on the ambulance and medical staffs of the armies. Then the three branches (first aid, transport, and hospital) of the service did not work harmoniously. The transport of medical stores was the great difficulty then as now, all available transport being needed for the fighting force and supplies. I think it was Napoleon who made the apt, if inelegant, remark that "an army marches and fights on its belly," and often the wagons and supplies intended for the medical service were diverted from their original use to that of the general army. In the South African War this same difficulty was often experienced. I remember being quartered in a small village some 150 miles from the railway. All supplies had to be brought up by bullock or mule wagons. We had a large garrison to feed, and also formed a base for another garrison 100 miles further up country. This meant the transport of an enormous amount of food and supplies of every description, and very often the hospital was sans dressings,

sans drugs, sans everything, in fact! And we had to exercise our bumps of resourcefulness to find substitutes for instruments, dressings, etc. I have seen a leg amputated with P.M. instruments, stitched up with strong sewing cotton (boiled), dressed with an old nightdress of my own (also boiled), and bandaged with strips of sheeting. In spite of this makeshift treatment, nearly all our wounds healed by first intention. To-day, of course, with the improved methods of locomotion, rapid motor ambulances, wagons, etc., this difficulty will be largely overcome.

Sir James McGrigor was chief of the medical staff of Wellington's army. He arranged good hospitals and an efficient staff of workers for them (men of course), and, in addition to this, realized the necessity of paying special attention to the general health of the troops, sanitary arrangements, etc.

The discovery of anaesthetics and antiseptics revolutionized the hospital treatment of wounds. The army surgeon of to-day, unlike his predecessors of centuries ago when sword cuts and arrow heads caused haemorrhage to be the great danger, is now concerned with the prevention of sepsis. The choosing of a healthy site, the sanitary arrangements of camps, the water supply, the food, clothing, etc., of the soldier, all now come under the supervision of the medical corps. The truth of the old saying, "Prevention is better than cure," has been so universally acknowledged. The branch of the service which was taken on sufferance, almost despised, certainly looked on as of the least importance by other branches, is now considered of the utmost importance.

A scourge of former wars was Tetanus. During the Indian mutiny and the Crimea it was very prevalent. In the Transvaal it was practically unknown, showing the enormous advantage of early treatment, sterile field dressings, and rapid transport. In this present war, from several accounts I have read, there seems to be a rather surprising number of cases developing Tetanus, but with the knowledge we now have of its cause and treatment, the use of anti-tetanic serum, and the various drugs which are now used to relieve the contractions which are such a distressing symptom of the disease, it is no longer such a hopeless complication to combat as it was 50 or 60 years ago. Dr. Helme, the French surgeon, in an article published a few weeks ago and which has been widely quoted, shows that if the science of war, of killing and maiming men, has made great advances in the last 50 or 60 years, the science of healing these wounds has not lagged behind. Statistics show that the percentage of recovery from wounds is more than 50 per cent. greater than during the Crimean War. He notes three great changes in the principles upon which those who minister to the wounded in battles must work. The days of rapid, rough and ready military sur-

gery, of bullets extracted, limbs amputated on the battlefield have gone by. Modern surgery, with its elaborate technique, its audacity of scope, demands too great attention to details, too perfect an environment, and too much time to permit of its being practised amid the din of the battlefield. The fate of the wounded soldier, judging by the most recent wars, is settled as soon as he is wounded. The enormous velocity of the present-day bullet makes a clean-drilled hole through whatever part of the body it strikes. If a large artery is struck, death from haemorrhage soon ensues, or instantaneous death if it touches one of the few vital places in the human body. Of course, wounds caused by shrapnel or by splinters of exploding shells are more complicated.

Every soldier carries, fastened in the lining of his tunic, an emergency dressing, which is applied as soon as he is hit, either by himself or a comrade. This dressing consists of a large triangular bandage, two safety pins, and a pad of aseptic gauze—absorbent. Plainly worded instructions are printed, in large type, on the outside of this package. Instinctively, a wounded man, if at all able, will drag himself away from the firing line, or will, perhaps, be helped by comrades less seriously injured than himself. In this way little "nests of wounded are formed," says Dr. Helme, "to which correspond nests of assistance. Here the medical students and young doctors have congregated in the midst of the troops, provided with morphine to lull pain, caffeine to stimulate the heart, and serums to repair the tissues wasted by loss of blood." His case is roughly diagnosed, and a ticket pinned on his coat indicating whether he is to be transported to a hospital or left where he is. Any cases that are too severely wounded to be moved are almost always hopeless, and these are made as comfortable as possible under the circumstances. This seems dreadful, but war is war, and under its horrible stress things must be done that would be impossible under normal conditions; the stretcher bearers cannot waste their energy, which is needed for the man who is likely to get well and be of use again, on a hopeless case. If the ticket indicates that a man has to be moved to the dressing station in the rear of the fighting line, he is carried there by trained bearers on a scientifically arranged stretcher. Here they are hurriedly examined, but nothing is done except what is absolutely necessary, dressings reinforced, stimulants or sedatives administered, fractures roughly splinted, etc., cases more distinctly classified and arrangements made for their further transportation by motor ambulances to the base or clearing hospital. Here there are beds and orderlies, but usually no women nurses. Emergency operations are done here, the patients are given nourishment, etc. From here they are cleared as speedily as possible, often by specially constructed trains, to a place where surgeons, nurses and all the latest appliances of an up-to-date hospital are to be found. The environment and con-

ditions indeed being almost as favorable for recovery as in a well-ordered city hospital. Here they are either nursed back to health and return to the fighting line, or, if necessary, sent by train or ship to home depots or convalescent homes.

The feeling that horrors and suffering are inevitable in war built up a barrier of prejudice, ignorance and lethargy, against which the pioneers of ambulance work had to fight. But it has been shown that the wounded can be collected by proper organization, cared for, fed and distributed to different points with almost as much certainty as victims of any disaster that may occur in peace times.

And now to consider the part that woman has played, and is playing, in this work of mercy. We have seen that when a man falls he needs four things—

1st. First aid, or treatment of a temporary nature—this is given by comrade or stretcher bearer if he is unable to help himself.

2nd. Transport to where he can obtain further emergency aid—this he gets by being carried on a stretcher, or if he can walk, being guided to the dressing station in the rear of the fighting line.

3rd. Transport again to a place where he can rest and be fed and receive more detailed help. This is obtained at the field or clearing hospital.

4th. Transport to what is known as Stationary or Base Hospital, usually on a line of communication, where he can be properly attended, necessary operative work done, and where he can rest and be cared for until well.

This he gets at the Base Hospital, which (unless the area of active fighting is constantly shifting, when the Base Hospital by force of circumstance may become the dressing station) is the first line where women nurses are stationed.

Until the Crimean War the Religious Sisters of the various uncloistered orders were the only women who did any organized nursing during war; certainly there were the soldiers' wives and the usual undesirable followers of every army. When the Crimean War broke out, the question of sending female nurses was discussed, and it was decided not to send any, because of the only class of woman available.

Of far wider fame than that of the most distinguished general or leader, the name that stands out, par excellence, in connection with this war, is that of Florence Nightingale. She has been called the "Mother of Nurses"; she certainly was without doubt the foundress of all organized army nursing. Our French allies in the Crimea were cared for by the Sisters of Mercy, who, in convents all over France, had been trained in sick nursing, and these women had now left the seclusion of their quiet cloisters for the scene of battle. This made the uncared-for

condition of our own men more conspicuous. Appeals were made by the noted war correspondent, Mr. William Russell, and the wives of officers who were at the front sent home harrowing accounts of the distress which they were unable to alleviate. Mr. Sidney Herbert, head of the War Department, suggested Miss Nightingale as the one woman in England who was fitted to organize a nursing staff. She had studied at Kaiserswerth, in the Deaconess Hospital, and had also worked in England. It is significant to note that Mr. Herbert's letter asking her to accept this work crossed one from her to him volunteering her services. On October 21st, 1854, she and her staff of thirty-eight nurses left London for the front. There were Roman Catholic Sisters, Anglican Sisters, and secular nurses in her party. We know what difficulties this intrepid little band had to encounter. At Scutari they found the huge barrack hospital overflowing with sick and wounded; the wards and even the corridors from the cellar up were packed with the poor fellows, and every hour they poured in, in an unceasing stream, in many cases dead and dying lying touching each other, the surgeons so busy that they could only attend to the most hopeful cases, leaving many to die untouched and uncared for. Numberless cases were saved by the careful nursing of these brave women; and how their arduous fight resulted in producing order from the chaos they found awaiting them at Scutari is a matter of history. Not only in the wards, but in the kitchens, in the proper preparation of nourishing food for the invalids, and in overlooking the stores of clothing, the laundries, etc., was their work invaluable.

After the war the gratitude of the British nation had to express itself in some tangible way, and the sum of £50,000 was subscribed. With this fund was founded the "Nightingale School" at St. Thomas' Hospital for the systematic training of women of the better classes as lay nurses. Before 1860, hospital nursing was considered to be a calling which no decent woman would follow, and it is mainly through the exertions of Florence Nightingale that the hospital nurse has reached the proud and honorable position she now occupies, not only in Britain, but in every civilized country. Not only does the wounded soldier owe her an enormous debt of gratitude, in that she made it possible for him to be nursed as he is to-day, but also the civilian owes her the same debt for the creation of the trained nurse. Her example also led to the establishment by American women, during the Civil War, of the United States Sanitary Commission, which did wonderful work, not only useful during the actual war, but also of enormous value in all later considerations of this branch of warfare, and proving to officialdom how necessary was voluntary and civilian aid to support the state arrangements. The work of the commission on the field and in the hospitals, in alleviating suffering and saving life

by introducing reforms, saved hundreds of lives that would otherwise have perished. Hospital trains and ships were used by them, diminishing the horrors of travel for the wounded. Depots of supplies were established in several military establishments, also feeding stations and temporary hospitals along the line of march, and neither pains nor money were spared in caring for the soldiers. When battles were imminent, preparations were made for the care of the wounded, the burial of the dead, and the discharge of all the unexpected and unpleasant duties rendered necessary by these conditions. In this connection we must not forget that America also has a "Lady with the Lamp"—"Mother" Bickerdyke, as she was affectionately called. Miss Levinson says of her in her "Story of the Civil War": "Wherever she went she had already achieved such a reputation for devotion to the men, for executive ability, and versatility of talent, that the spirits of the sick and wounded revived at the very sound of her voice, and at the sight of her motherly face."

In the Franco-German War, in 1870, Miss Nightingale's advice was frequently asked, especially by the German authorities, when organizing their nursing and medical corps. The great weakness of all these arrangements was in their lack of cohesion, their individuality, and this was only finally overcome by the founding of the Red Cross Society. M. Henri Dunant, a Swiss gentleman, appalled by the fearful carnage and disease among the soldiers during the Italian campaign, succeeded in gathering together an International Convention. This convention was held at Geneva, in Switzerland, in 1863. There were official delegates present from various governments and from philanthropic societies, including that of St. John of Jerusalem, and others interested in the subject. For four days they considered the problem of how to reconcile war and mercy. In 1864 a second conference was held at the same place, at which was drawn up a document, which has been well called "The Charter of the Wounded Man," and signed by all the delegates present. By 1868 all European States had signed this document. Since then there have been held several more conventions for revising and modernizing the articles of the charter. For instance, in 1899, at the Hague Peace Conference, it was extended to cover the requirements of naval warfare, and again, in 1906, all the powers signatory to the convention had a meeting of delegates, when some amplifications to meet the necessities of modern warfare were added, but they did not alter the text of the original document, which is, briefly, as follows:

Art. I. Ambulances and Hospitals must be recognized as neutral.

Art. II. The personnel of Ambulances and Hospitals must be respected as neutral while engaged in treating sick or wounded.

Art. III. These, in the event of the occupation of the place by the

enemy, must continue their medical work, or retire to the corps to which they belong. They must in that case be given free passes to their own outposts.

Art. IV. The stores of Military Hospitals are under martial law, and cannot be removed by the staff if they choose to retire; they can only take personal property. Ambulances, the word here applying to all movable and temporary establishments following the troops, retain all their material intact.

Art. V. That natives of the country assisting the wounded are respected, and commanders must inform them of this neutrality. The wounded cared for in a house serve as a safeguard; and their reception is taken in place of housing troops or paying war contributions.

Art. VI. That sick and wounded soldiers must receive impartial care to whichever side they belong. Commanders have the right to return wounded enemies to their friends if circumstances permit and both sides agree.

Art. VII. That a distinctive flag shall mark every medical establishment, and an armband be worn by all the personnel of the Ambulance Service.

Art. VIII. All details of the execution of the Articles of the Convention to be regulated by the Commanders of the armies.

The distinctive emblem chosen for flag and armbands, so familiar to the whole world now, was a red cross on a white ground, the Swiss flag reversed, this being chosen out of compliment to the country in which the first convention was held, and which was also the birthplace of M. Henri Dunant, the founder and originator of the scheme. The Red Cross Society is not a military organization, but works with and under the army in the field. Every nation has, of course, its own medical staff and ambulance corps as part of its army equipment, but all wear the badge of the Geneva convention. Every war calls for additional help, more hospitals, more doctors, more nurses. The details of the work needed have been sketched already in this paper.

First aid on the field, transport of the wounded, hospital trains, motor ambulances, home depots, convalescent homes, etc., the supply of extra clothing and comforts for the men, of dressings, bandages, hospital necessities—all these come under the Red Cross Society. Everyone familiar with its work and those who have read the history of past wars know the splendid work done on all the battlefields of the world by this society since its inception.

The British Red Cross Society can raise 55,000 men and women, if necessary. The majority of these would not be fully trained nurses, but they have had training in first aid, home nursing, invalid cookery, laundry and hygiene. All over England, for some years past, there have been bodies of men and women systematically trained. All the

country districts are mapped out and organized as units, these units to work as a whole when necessary. In a little Devonshire village I, last summer, saw something of this training. All the young women who chose, rich and poor alike, were formed into classes, and trained by the doctor and village nurse (a graduate) and had to pass a pretty stiff examination in the subjects mentioned before getting their badges. The young men received the same good training in first aid and general ambulance work. The schoolhouse was the place chosen to be converted into a hospital if the emergency arose, and every inhabitant of the village knew exactly what he or she would have to provide for its furnishing. In a very few hours the schoolroom could be converted into a fully equipped hospital; this housekeeper knew she would have to provide so many sheets; another, pillows; another, blankets; and so on; there would be a staff of nurses all neatly uniformed, the young men ready for duty as orderlies, stretcher bearers, etc., and all captained by the village doctor and nurse. The whole training of the voluntary aid detachment has been based on the principle of "making something out of nothing." When the South African War broke out there was a totally inadequate number of Army Nursing Sisters. For some time before this the necessity of creating a Reserve of Nurses, for use in the event of war, had been seen, and the Princess Christian Army Nursing Service Reserve was organized in 1897. It was not received with much enthusiasm, and when war was declared there were only 100 nurses on its rolls; before the end of the war there were more than 1,000 enrolled and on active service. After the war the regular Army Nursing Service was reorganized under the name of "Queen Alexandra's Imperial Military Nursing Service, with a constitution as follows:

"The Q.A.I.M.N.S. consists of a matron-in-chief, two principal matrons, matrons, sisters, staff nurses; also such non-commissioned officers and qualified orderlies of the R.A.M.C as have been specially recommended. A candidate is required to enter as staff nurse. She must be between 25 and 35 years of age, and possess a certificate of not less than three years' training and service in a civil hospital having not less than 100 beds. She must be of British parentage, and will be required to satisfy the Nursing Board that as regards education, character and social status she is a fit person to enter the Q.A.I.M.N.S.

Pay: Matrons, £75 to £150; sisters, £50 to £65; staff nurses, £40 to £45.

Allowances are given for board and uniform. Pensions are given after 20 years. Further particulars can be obtained by writing to the Matron-in-Chief, at the War Office, Whitehall, London, S.W.

In 1902 the Army Nursing Reserve was also reorganized and is now known as the Q.A.I.M.N.S. Reserve. Candidates for this have to

possess the same qualifications as candidates for the Regular Service. They receive no pay unless they are called up for duty.

In the navy there is a special branch of nursing, known as the Q.A.R.N. Nursing Service. Foreign service is obligatory. The members have to show, not only a certificate of training, but favorable reports from superintendents; they must have some administrative ability, and show general fitness to take charge of naval hospitals.

The "Territorial Force Nursing Service" is an important arm of the Army Nursing Service. There are 23 general hospitals of this force in the United Kingdom, all fully equipped with nursing staffs. The nurses put in a few weeks of annual training with the territorials, on the same plan as the Canadian Militia Nurses here. The full number of nurses forming these staffs would not be called up at the same time. The nurse who applies for appointment in this service must be fully trained, and must sign an agreement to serve anywhere she may be sent, whether for home defence or foreign service. They learn discipline and army rules, etc., in their annual training, and are well prepared to face any hardship.

There is yet another body of trained women who are on the rolls of the British Army Nursing Service, and this is the "First Aid Yeomanry Nursing Corps." These women are not all trained nurses, in the accepted sense of the term, but have had a thorough training in first aid, field sanitation, cooking, and hygiene. They are mounted, and can do everything for their horses, so are absolutely independent of orderlies. They have served during the manoeuvres at Aldershot, and are now, I understand, doing very good work at the front with the army. Practically all this elaborate machinery for the care of the wounded during warfare has grown up in the last fifty or sixty years. Before that, as I have tried to show in this article, there was no very definite or organized scheme for the purpose. Florence Nightingale and her little band of intrepid women were the embryo from which the present day Army Nursing Services and Reserves have grown. In every country this service is now in existence, and has become an important factor in the different armies. I have only considered the British service in this paper, because that is the branch that immediately concerns and appeals to us. In Canada a permanent Army Medical Corps was started in 1904 or 1905. It is only a small unit. I don't know just how many "Sisters" are employed in it, but every year there is a course of training in military work, open to any graduate nurse who enlists in the militia, and I believe there were, this spring, some fifty or sixty nurses trained in this way. Of course, when the war broke out, we all know nurses were as eager in flocking to the colors as the men, all ready to do their share in the defence of the

Empire, and Canada will have no difficulty in getting all the nurses needed for her contingents.

The Army Medical Corps is a comparatively recent institution too, as it only came into being in 1897. Before that there were surgeons attached to each regiment, but they had no separate unit, no corps of their own. Since the South African War this service also has been reorganized, and the R.A.M.C. officer ranks with any other regimental officer; his status is as clearly defined and complete as theirs. In these days, when so much work is done in preventive medicine, the training of the R.A.M.C. officer is very complicated, and a lot of valuable work has been done by them in discovering the origin and spread of various diseases which are now known to be preventible; by attention to sanitary matters, formerly disregarded or left to chance; by the discovery and destruction of the breeding places of insects, etc., which are known to be disease carriers; the use of various serums, etc. Indeed, to even roughly sketch the innumerable ways in which this branch of the service has made, and is making, itself invaluable to the army would take a whole volume.

War will always be grim, its horrors too ghastly to contemplate calmly, yet that they have been mitigated to a great degree I have striven to bring out in this paper. With the quick methods of transport, well constructed motor ambulances, hospital trains and ships; the putting up of drugs and medicine in tabloid form, so that quantities can be carried in very small space; the dressing stations, hospitals, etc., all staffed by trained and skilled workers; the increased knowledge that these workers have of dealing with the various complications that may arise; the audacity and enormous scope of modern surgery; all these things are brought to the help of the wounded man, so that his condition, compared to that, say, of the men who fought in Nelson's day, to go no further back, is wonderfully improved; yet the knowledge of this must not allow us to sit down with hands folded. There is an urgent call for help going up from all those wounded thousands in Europe to-day. Only a few are allowed the supreme privilege of giving in person, but there are numberless channels through which our help can be given; so that it is "up to us all to do our own little bit." Not one of us has any excuse for not answering in some way that call for help, and thus stand loyally by our Empire in her day of need.

A. H.

BLOOD TRANSFUSION IN INFANCY AND CHILDHOOD

A review of the work done on blood transfusion since the operation was made practical through the experimental work of Crile and Carrel reveals the fact that only within the last two years has it received attention as a therapeutic agent in the management of the various conditions in infancy. Recent experience confirms, in many instances, the enormous value of the introduction of fresh blood into the circulation, and, furthermore, it has emphasized its limitations.

When one considers the many facts about the blood, not generally recognized, which are known, and the many facts yet to be learned, one cannot help but realize the complexity of this tissue. Many diseases produce changes in quantity and quality of the blood, and these things are responsible for many diseased conditions. Failure on the part of the blood to modify its quality properly and adequately to meet the required demands in the various conditions is frequently responsible for the existence of disease, especially infections, such as septicaemia and pneumonia. It is only by a close study of this complicated substance, blood, in both normal and abnormal conditions, that one may gain a clear idea of the possibilities of blood as a healing agent. Further observations as to the mode of operation of the constituents of the blood in disease will suggest to us possibilities in modifying the blood of a donor or patient to meet the demands of the case, and thus make more potent the elements involved in overcoming disease.

These studies are necessary, not only that we may know when and how to apply blood therapy, but equally important that we may know when not and why not to employ it.

The broad indications for transfusion are based on the fact that transfused blood is a perfect substitute for blood lost in acute haemorrhage. In certain pathological haemorrhages (such as haemorrhage of the newborn) the blood has definite haemostatic properties, and in some secondary anemias it acts as a powerful stimulant to tide over a crisis in the disease.

In suppurative or infective conditions the indications for blood transfusion are many. In both of these diseases the blood elements are severely taxed, producing an anemia according to the intensity of the process, in this fashion lowering the child's resistance to the disease sufficiently to jeopardize life. By the introduction of blood into the child's circulation, one introduces resistance which cannot be obtained from any other form of procedure. In certain pathological haemorrhages transfused blood has a remarkable haemostatic effect. The bleeding in these cases is due to the lack of certain elements in the patient's blood. Transfusion corrects this deficiency, and at the same

time restores the blood already lost by the haemorrhage. In exsanguinated patients, to simply check the bleeding may not be sufficient to preserve life—transfusion is required to restore the cellular elements of the blood.

In haemorrhage of the newborn, a disease formerly credited with a mortality of from 50 p.c. to 75 p.c., transfusion stops the bleeding, restores the lost blood, and transforms a sick and often dying infant into a normal, healthy child. It is in this disease that our results are most striking.

Properly safeguarded transfusion is not a dangerous operation. The withdrawal of too much blood and the dilation of the recipient's heart are usually avoidable mishaps. The introduction of air bubbles, both large and small, contrary to the general opinion, causes no harm. The actual amount of blood transfused may be controlled in measured quantities, and the effect on the patient estimated by blood examinations before and after the operation.

Though the operation of blood transfusion is not a recent one, it has taken years to reach its present development, and by no means has the last word on the subject been said.

Many years ago surgeons succeeded in abstracting blood from an individual, "whipping" it to remove the fibrin, a clot, and injecting the defibrinated blood thus obtained into a patient. Esmarch practised this method in the Prussian army in the treatment of the wounded over forty years ago. Following this, many observers practised this form of transfusion, but as the method required the removal of the clot it may easily be seen that it had one great disadvantage, namely, that the whole fresh blood could not be injected into the circulation of the patient. Some twenty years later Von Ziemssen conceived the idea of withdrawing whole fresh blood from a healthy donor by means of a syringe attached to a hollow needle, and immediately injecting the blood by means of a hollow needle into the circulation of the patient before clotting could take place in the syringe. For a time this method apparently was not held in great esteem, as it was thought by a majority of workers that the possibility of clot formation in the syringe and needles, as well as the injury to the lining of the vein, represented too great a hazard to the patient.

Further investigation along this line resulted in the method known as direct transfusion, in which the cut end of an artery from the donor was joined by suture or special instruments to the cut end of a vein in the recipient. Carrel, of the Rockefeller Institute, and Crile, of Cleveland, have done the most notable work in this method and have obtained some brilliant results. The disadvantages of such a method, however, are the amount of technical skill required, and the

fact that an accurate measure of the amount of blood transfused cannot easily be obtained.

Such improvements in Von Ziemssen's method, however, have been made that the transfusion of blood through the agency of an intermediate receptacle bids fair to replace the somewhat complicated method of direct transfusion.

The method in use at the Hospital for Sick Children, Toronto, is based upon the modification of the Von Ziemssen method, as carried out by Lindeman, of New York. In the method used here all the apparatus is sterilized by boiling and lined with a coating of liquid paraffin to retard clotting of the blood, and special smooth blunt needles are introduced into the vein of the recipient and donor respectively. The needles have small rubber tubes attached to them to facilitate the attachment of the syringe. In the actual procedure ground glass syringes of 20 c.c. capacity are used. A syringeful of blood is withdrawn from the donor and immediately injected into the vein of the recipient through the above-mentioned needle. This is repeated until the required amount of blood has been introduced into the circulation of the recipient, as indicated by the latter's color and haemoglobin reading. In the intervals between the injections or withdrawals of the blood a little warm saline is allowed to trickle through the needles to clear them of blood, and thus prevent any obstruction forming by blood clot. In the matter of technical ease, control and dispatch, the syringe cannula method recommends itself as one of, if not the most efficient method of blood transfusion elaborated up to the present date.

Hospital for Sick Children, College Street, Toronto.

MATERNITY WORK AT THE BURNSIDE, TORONTO GENERAL HOSPITAL.

By Helen M. I. Kelley, Supervisor of the Burnside.

In all the work of a hospital there is probably no part which makes quite the same appeal to one's interest as that of the maternity department. Here it is not the work of correcting the mistakes of wrong living that occupies us, nor of trying to repair the injuries due to accidents and other causes; but it is the care of the new generation, the problem of eugenics—so far as it comes within the range of the hospital's activities—of seeing that children are well-born.

In no institution in Canada is there better provision made for the coming generation than in the New Burnside Obstetrical Department of the Toronto General Hospital. This special department has been

housed in a separate building on the east side of the hospital group and has been arranged, like every other part of this great institution, with all the improvements which specialists could suggest.

The wards are arranged to accommodate four or in some cases, five patients and all bright and cheerful rooms. On each floor eighteen patients can be cared for and when the weather is sufficiently warm, they can be taken, beds and all, out on the wide balconies placed at the south end of each floor.

Naturally the interest in this building centres around the nurseries, of which there are two, one being devoted to the semi-private floor; the other, the large general nursery which accommodates thirty-five babies, being on the second floor. On fine days the babies are all put out on the balconies where they sleep most soundly.

One feature of the work which is nearing completion, and which promises to be a most valuable and interesting adjunct to the present work, is the Premature Room.

This Premature Room will be the second of its kind in America. The room will hold four cribs which will be separated from one another by glass partitions. The temperature of this room, which must be kept at a comparatively high degree, will be regulated by a special heating apparatus, the system of ventilation being the same as that of the rest of the hospital. The babies never leave this room until they have developed approximately to normal, all feeding, bathing and other work connected with them, being attended to here. Observation of the room is effected by means of a glass panel in the door and no one, except the nurse in charge of the premature infants, is allowed inside, while during her period of duty, the nurse remains here constantly.

The main operating room, off which are the sterilizing and labor rooms, is on the second floor of the building. As soon as a patient is in labor, she is taken to the preparation bathroom. After being bathed she goes to the labor room, where the remaining preparations are made. In this room she remains until the time for the delivery, when she is removed to the operating room. This room, in which there are two delivery beds, is large and well lighted, while its equipment is complete in every particular. A second operating room on the third floor is used for the semi-private cases.

To guard against possible infection there is a ward which is entirely isolated from the other parts of the building and into this are put any cases which develop temperatures. The room is fully equipped with its own lavatory and sterilizing room. When a case is transferred to this room, a nurse is put in charge who does not go into any other part of the building.

No visitors at all are allowed. Patients are not permitted to re-

ceive visitors, neither are visitors to the hospital permitted in the Burnside.

Another important part of the building is the milk room. In this room the "clean" nurse sterilizes and prepares all the artificial feedings.

Method of Training Nurses.

The nurses spend three months in the Burnside, usually during their senior year. During this time classes in Obstetrics are held weekly and the nurses all spend a definite part of their time in each of the different departments, the work being arranged as follows:

1st. Two weeks on nursery work, bathing babies, etc.

2nd. Two weeks on the floor in charge of the mothers.

3rd. Two weeks in the operating room.

4th. Two weeks in "clean nurse" work, in charge of all feedings, attending to the nursing mothers and the preparation of the artificial feedings.

Final four weeks on night duty.

In addition to this training in the Burnside, the nurses spend two weeks in district nursing work (given in detail below). By this system highly satisfactory results are found to have been attained, the course giving the nurses an opportunity of applying their knowledge in a practical way.

Out-Patients' Service.

The need for an Obstetric Out-Patients' Service had long been recognized in Toronto, but the opportunity for starting such a service came only with the opening of the new hospital a year ago. There were three things essential to the formation of the service and to make it successful these three elements had to be in close proximity to one another. These were: A section of the city's population in need of practically free medical attention; a steady supply of students and house physicians to whom the experience gained in care of these people would be a sufficient compensation, and lastly, a well-equipped hospital in which the more serious abnormal cases could be delivered. These three conditions are fully met in the new hospital.

It is in close proximity to the "Ward," the section of the city in which congregate a large proportion of the foreign-born and the poorest element of the city's population—although the work is not confined to this district; the University of Toronto, close at hand, furnishes the necessary students; while the Burnside supplies the third need.

All cases wishing to be cared for by the hospital during their confinement, now come to the Out-Patients' Clinic on two days in the week, during their sixth or seventh month. Here the patient is given the option of coming into the hospital or of staying at home for her confine-

ment. If the latter alternative is chosen, the patient is given a card with instructions as to how to call the hospital when the first signs of labor appear. Her history is taken, and a thorough physical examination is made including pelvic measurements. She is advised as to how to take proper care of herself during the pre-natal period, and is cautioned to notify the hospital on the appearance of certain dangerous symptoms. She is also requested to report at the clinic once a month, and must, on no account, allow herself to go beyond her time. In addition to the care given in the clinic each patient is under the supervision of the Social Service Department of the hospital. This social worker detailed to the Burnside department investigates social conditions and gives pre-natal care and advice so very necessary to these patients.

When the call comes for labor, the house physician in charge of the out-patient department is notified and must leave the hospital within twenty minutes, taking with him a well-equipped obstetrical bag. This bag contains everything, properly sterilized, that is needed for a normal labor, as well as many things in case of emergency. Should the house physician, on arriving at the case, or later, find that conditions call for operative interference, he notifies the attending physician, who is responsible.

If the abnormality is considered too serious to conduct the case successfully in the home, the ambulance is called, and the case transferred to the Burnside. The house physician takes with him as assistant a fifth-year student. No nurses go to the normal labor.

Following the delivery, the patient is visited on nine successive days by a pupil nurse under the direct supervision of a graduate nurse, who takes a bag containing all things necessary for making mother and child clean and comfortable. She reports on the general condition of baby and mother and keeps a complete record of patients. The student also sees his patient frequently. On the ninth day the patient is examined, allowed up and discharged by the house physician if she is normal. Later she comes back to the clinic to report.

The cost of keeping up this service is relatively small and will be covered, shortly, by voluntary contributions from the patients. The growth of the service is already very gratifying and its future success depends on the ability to prove to the patients that they receive better care in the clinics than if they put themselves in the hands of midwives or poorly qualified practitioners.

Editorial

A HAPPY NEW YEAR.

The Canadian Nurse extends to its readers best wishes for a very happy New Year. Will each one not help to make 1915 a year of progress and success for The Canadian Nurse?

THE FLORENCE NIGHTINGALE MEMORIAL.

At this time when so much distress makes so many demands upon us, the nurses will learn with something of relief that the contributions for this fund have been abandoned for the coming congress. So many felt that, under present conditions, the contribution would fall short of what it should be, not that loyalty to the memory of Florence Nightingale is at fault, but that the call of distress seems to take precedence, and rightly so, surely.

It may be that the lessons taught us during this awful war will develop an appreciation of the work of this great woman, such as we did not know before.

But, however this may be, this fund should not be forgotten, but each and every Association should arrange some plan by which its members may take up the study of the "Life of Florence Nightingale," by Sir Edward Cook. For, after all, the response of the nurses to this call will be in proportion to their knowledge of and admiration for this woman whom we wish to honor.

May we suggest that each Association, or group of nurses arrange lectures, dividing the subject in some such way as this, to make a division of the work—early life, home life and associations, education, training for nursing, work in the Crimea, work for the British army, work for the emancipation of women.

If the nurses, by some such means, get an idea of the amount of work accomplished by Florence Nightingale, and of what we as nurses owe to her, there will be no doubt about the heartiness of the response to this fund, for the nurses will realize that a peculiar privilege is theirs, and that in honoring this woman, they honor themselves and help to place nurse education on the high plane it should occupy.

THE CRITICISM.

A number of rumors have come to us of untrained women having been sent as nurses with the first contingent. While this seemed impossible, owing to the very particular rules under which the nurses enlist for military service, yet it seemed wise to seek definite information, so that all doubts might be set at rest. Accordingly, we wrote the Secretary of the Canadian National Association of Trained Nurses, who had charge of the enrollment of the nurses. The Secretary sent us this letter, which we are very glad to publish, for it clears the situation entirely:

Military Headquarters, 2nd Division,
Miss Gunn, Secretary, Toronto, Ont., November 30th, 1914.
Canadian National Association of Trained Nurses.

Dear Miss Gunn:

With reference to the memo sent you by Miss Crosby, dated November 25th, 1914, I have to say that the letter sent her stating that untrained nurses were sent with the first contingent is quite in error; no instance of the kind occurred.

The Minister did send one young lady from the Hospital for Sick Children who was only a probationer, but she is not on the list of nursing sisters, and was sent not as a nurse, but as a companion and helper to two ladies sent from here to supervise the issue of comforts, etc., to the men of the first contingent (Miss Plummer and Miss Arnoldi). I should be obliged if you would correct this idea by publication of this letter in *The Canadian Nurse*, if you so desire.

I am, yours faithfully,
J. T. Fotheringham,
Lt.-Colonel, A.D.M.S. 2nd Division.

ONE OF OUR MEMBERS.

It is with very deep regret that we learn of the death of Miss A. A. Hawley, who for some years has rendered such invaluable service to the Indians on the Reserve at Fort-a-la-Corne, Saskatchewan. Our readers will remember the articles on her work that Miss Hawley contributed from time to time.

Miss Hawley has been a member of The Canadian Nurse Editorial Board since the early days of The Canadian Nurse, and has always taken a keen interest in the magazine, doing much in different ways to help. We shall miss her willing assistance, her cheery word, her unfailing, buoyant faith, that ever stimulated to better endeavor. Her example of work, nobly and self-sacrificingly done, of a life lived for the benefit of others, is ours still. She, being dead, yet speaketh.

CORRESPONDENCE SCHOOLS.

We note in *The American Journal of Nursing* for October that the Kentucky State Nurses' Association is carrying on a vigorous campaign against these schools by sending letters of protest to magazines carrying their advertisements. Not only is a letter of protest to go from the Secretary of the Association, but a letter day is being planned when every member of the Association and others whose interest has been aroused, will send letters of protest to these magazines.

If the nurses of this continent co-operated in a plan of this kind, giving clear and definite reasons for the protest, these advertisements would disappear and thus many wishing to secure nursing education would not be diverted from the proper schools where they could secure it.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss F. M. Shaw, 91 Ontario St. W.
District Secretary—Miss M. E. Wand, 259 Peel St.

TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. D. L. Owens, 10 Trinity Square.
Superior—Mrs. Goldwin Howland, 538 Spadina Ave.

QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday 8.15 p.m.
Chaplain—The Very Rev. the dean of Quebec.
Superior—Mrs. Williams, The Close

It is sometimes forgotten that people do not leave the Church when they die. We are one body. Death is the open door into the hidden corners of the Temple of God. But we stand beneath the same roof, we utter the same prayers, we chant the same praises, until the day breaks and the shadows flee away. And, therefore, as they do not cease to pray for us, we cannot cease to pray for them. Our life is one, and the prayers of Paradise are the continuation of the prayers of earth. Our prayers on earth are the doorways through which we touch with trembling fingers the robes of our dear ones, and guide them to the haven of peace in safety where they fain would be. Will anyone dare to say this is irrational? Are not they irrational who would bid us find in the yearnings of our heart a dangerous superstition, and who would have us walk beneath the trees of the churchyard without these aids to devotion that bind us in union indivisible unto the souls that have passed beyond; who would check the sigh of hope, or the murmur of a prayer, lest haply we should be found to be saying words that have no place in our Anglican formularies?

I. A. V. MAGEE.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck.

The regular monthly meeting of the Board was held on Wednesday, November 25th, at the Nurses' Club, Sherbourne St., Toronto. There was a good attendance. A number of applications were accepted. After some discussion, it was decided that the Revised By-laws could not fully go into force until May, 1915. As there is some misunderstanding with regard to payment of fees, the Treasurer was instructed to send out notices to all members who have not paid this year.

We are pleased to welcome Miss Gunn, of Toronto General Hosp., as the representative of the Toronto Chapter to the Board. Another pleasing item was the news of the formation of a Kingston Chapter by the nurses of Kingston. We now have six Chapters of the Association.

The membership is steadily increasing, which is very encouraging to the directors. Owing to the very busy season on account of new duties arising out of the war, and no pressing business being at hand, it was thought advisable not to call a meeting of the Board for December.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

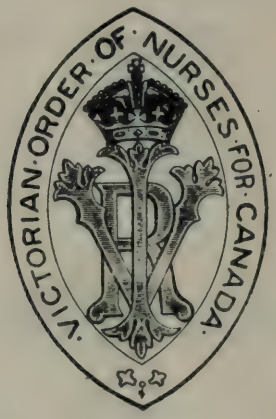
Miss Phillips has so far recovered from her attack of typhoid that she has returned home.

Several members have left town for the winter owing to the work being so slack.

Miss K. Brock and Miss Ferrier are both ill, and we hope for their speedy recovery.

The monthly meeting of the Canadian Nurses' Association was held on Tuesday evening, December 1, 1914, at which Mrs. Weller delivered a very interesting paper on Woman Suffrage. She pointed out the many great advantages it would be if the franchise were extended to women, especially in the Province of Quebec, where the laws were so unjust.

The Red Cross group continues to do its work each Tuesday, and there is a large supply of bandages and dressings ready to be sterilized.



A SIDE LIGHT

It was spring when Kenneth McGregor, full of hope, moved out to the little prairie home with his bride. He had a good piece of land, very little ready money, but a fair knowledge of farming, so the future was bright.

Time went on and, one day, his wife was taken ill. Kenneth rushed out to get the doctor, only to find him away on a serious case twenty miles beyond. Wild with despair, he was rushing back, when he met Big Jem Pryce, the stage driver and general "information bureau" of the district. Hearing Kenneth's trouble, he said: "Kenny, my boy, I'll fetch that lady nurse who came last week, the one, you mind, the organizin' lady told us about at the big meetin' up to the Oddfellows' Hall," and he whipped up his horses and in record time was back with Miss MacIntosh—the newly-arrived nurse for the district. She stepped into the little log house, removed hat and coat, and in a deft, but quiet and collected way, attended to the patient and set the house in order. "Now, Mr. McGregor, make up a good fire, put on plenty of water to boil, and do not be alarmed; Mrs. McGregor will be all right, very soon."

Thus the trim little lady in blue took possession, and just as the first streaks of dawn appeared she presented the half-crazed McGregor with his son and heir. "Heaven bless you," he said, and the prayer was so sincere it could not fail but be answered.

Many calls came for the nurse, and were answered, and blessings followed her always. Wherever there was sorrow, or need of help, there the trim little figure in blue was to be seen, and, instinctively, the people sent for her instead of for the pastor. She taught them

how to live better, put heart into many a discouraged mother, and turned many a doubter back into the narrow way.

One winter evening she had returned to her little cottage after an absence of two very arduous weeks. She had put her little home to rights, had had supper, and was sitting by the stove reading, when there was a timid knock on the door. She thought it was someone who had come to take her to a patient, and she jumped up quickly, opening the door, letting in the snowy air. Big Jem Pryce stood there. She remembered him on several occasions, but now one night stood out before her—he had come for her one terrible night and she had driven miles in a storm with him to a shack, far away from any other. There they had found a young man who had been thrown from his horse and severely injured. She could now see the poor little shack, the face of the suffering lad, made still more pathetic by the poor light through a smoked chimney—and old Jem staring at her in a rapt way as she cared for the injured man. "Good evening Mr. Pryce, won't you come in? This is a terrible night to be out; who needs me now?" He entered, stood gazing at her and, after a moment, said: "Miss MacIntosh, I need you, will you have me?" "Will I—?" and, then, he stammered out his love and admiration for her and how impossible it would be to live without her.

At first the nurse was staggered, then inclined to be indignant, but as she looked at his honest, rugged face, and noted the tone of perfect sincerity in his voice, she said, oh, so quietly: "Mr. Pryce, I am very, very sorry, but what you ask is impossible. Please forget it." Then he knelt on one knee, and with all the gentleness and chivalry of a knight of old, he raised her hand, kissed it, and went out into the night.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

True friendship is a very helpful thing. We should have a high ideal of it, and never sully it by any failure in truth and sincerity. It beautifies life so much. Look for the best in your friends and give them the best that is in you.

HOSPITALS AND NURSES.

British Columbia

The Alumnae Association of Vancouver General Hospital held its regular monthly meeting at the Nurses' Home on Tuesday, November 3rd, at 8 p.m., Miss Judge, President, in the chair.

After the routine business was transacted Miss Breeze, Superintendent of School Nurses, gave a very interesting address on the school work she had seen and inspected in the East during May and June of this year. The Schools of Montreal, Toronto, Chicago, Boston and New York were amongst those visited.

The monthly meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, on November 4th, at 8 p.m. Owing to the absence of Miss Trew, Miss Breeze, First Vice-President, took the chair. The usual routine business was gone through, including the proposing of four new members, who were accepted.

Miss Blakeney then read from the October number of The Canadian Nurse Miss Pope's paper on "Army Nursing," which was given at the Canadian National meeting in Halifax, and was much enjoyed by all members.

Miss Elizabeth Cameron, graduate of Royal Jubilee Hospital, Victoria, has been appointed Health Inspector for the City of Vancouver.

The accommodation at the Chilliwack Hospital has been practically doubled by the addition of a large wing. Other improvements have greatly added to the efficiency of the hospital.

Manitoba

Miss Annie Colquhoun, who has been in Manitoba for the past two years, is leaving for the West, and after visiting friends in Vancouver and Seattle, will reside in Cloverdale, California.

On Saturday morning Mrs. W. G. Harrington, wife of Dr. Harrington, of Dauphin, died at Ninette, after an illness extending over several years.

Mrs. Harrington, who was born at Scarboro,. Ont., came West about 1895, living for a time at Carberry with her sister, the late Mrs. D. Pearson. Later she entered the Training School of the Winnipeg General Hospital, graduating as a nurse in the class of 1901. Since her marriage she had lived continuously in Dauphin, and had taken a deep interest in the women's organizations of the town. She had much to do with the organization of the La Verandrye Chapter of the Daughters of Empire and was its first regent. As secretary of the Women's Hospital Aid Society she also helped greatly with the work of that institution. Failing health compelled her some time ago to give up active

work in connection with these societies, but her enthusiastic interest and wise counsel will be greatly missed.

The Alumnae Association of St. Boniface Hospital: President, Miss Annie Starr, 753 Wolsely avenue, Winnipeg; 1st Vice-President, Miss Blanche Ledeux, 753 Wolsely avenue, Winnipeg; 2nd Vice-President, Miss Sykes, 254 Furky street, Winnipeg; 3rd Vice-President, Miss Jessie Tracey, 165 Maryland street, Winnipeg; Secretary, Mrs. Geo. MacDonald, 237 Donald street, Winnipeg; Treasurer, Miss Margaret Meehan, 753 Wolsely avenue, Winnipeg; Convener of Executive Committee, Miss Gordon, 251 Spadina avenue, Winnipeg; Convener of Sick Visiting Committee, Miss Stensky, 753 Wolsely avenue; Convener of Social Committee, Miss Fogarty, 753 Wolsely avenue. Regular monthly meeting, the second Thursday in the class room of St. Boniface Hospital, at 3 p.m.

Miss Bella Matheson ('10) and Miss Blanche Ledeux ('08) are doing staff nursing at the Ninette Sanitarium, Ninette, Man.

Miss Kate Whymks ('10), Miss Margaret O'Leary ('13), Miss Mary Dewar ('12) and Miss May McKeague ('13) are at the present time completing their course by taking a post-graduate course in New York.

Miss Ethel Clark ('11) and Miss Chisholm ('13) have entered the Misericordia Hospital in Winnipeg, of which Miss Harty ('08) is head nurse.

Ontario

The Local Council of Women of Peterboro held a Better Babies Contest in October. Over 200 babies were examined, and on the whole were all fine babies, the ages were from six months to three years. The examining doctors were assisted by the graduate nurses and a very thorough examination was given.

The Superintendent of the Nicholls Hospital and her nurses had charge of the nursery equipment and demonstrations of how to bathe and dress a baby. The visiting nurses demonstrated the care of bottles and preparation of food for bottle-fed babies, also the proper food for children up to three years.

Dr. McCullough, Provincial Health Officer, kindly sent down the Provincial Moving-Picture Exhibit. Dr. McCullough came down himself, but was unable to stay. Dr. Clinton, of Belleville, Medical Health Officer for this district, gave a talk to mothers on "Care of Children."

Miss Gertrude F. Reid, graduate Nicholls Hospital, Peterboro, left for Quebec on November 1st to enter the Quebec Military School for training. She was one of the first of our nurses to offer her services for the war, and hopes to be sent with the second contingent for overseas service.

The St. Joseph's Training School for Nurses in connection with

Hotel Dieu, Kingston, held its first graduation ceremony on the evening of August 31, 1914, when three nurses, Misses J. Lagree, A. Lagree and Carlton, received their diplomas. Dr. E. Ryan presented the diplomas, and Mrs. P. Devlin presented each nurse with a beautiful pin.

Dr. Ryan, the chairman, in his opening address, gave a brief history of the hospital since its foundation in 1845. He paid a high tribute to Hon. Dr. M. Sullivan, and regretted his inability to be present at this first graduation. Dr. D. E. Mundell also gave an address. Dr. W. Gibson addressed the class on "Advice," dividing his topic into three parts —tact, fidelity to duty, and patience. The Florence Nightingale Pledge was administered by Miss A. H. Donihee, R.N., Superintendent of Nurses.

Solos were rendered by Miss Mary P. Hinckley, Miss P. Devlin, Mr. C. Harvey and Miss Christine Cochrane.

A dance was tendered the graduates and pupils by Mrs. P. Devlin at her home, when a very enjoyable evening was spent.

Brantford is to have a contagious hospital.

A smallpox hospital is in course of erection at St. Thomas. It will be opened early in the year.

The Gerard Maternity Hospital has been established at 52 O'Brien street, Orillia, by Miss Margaret Yeats, a graduate of St. Michael's Hospital, Toronto. Miss Fawcett will be associated with Miss Yeats.

The regular meeting of the Florence Nightingale Association was held December 1, 1914, at 8 p.m., at the Nurses' Club. There was a fair attendance. After a short business meeting the nurses enjoyed the balance of the evening socially, playing cards and having some music, after which they adjourned to the dining room, and all enjoyed a delightful supper.

As our meetings are only held now every second month, the next meeting will be on the first Tuesday in February, at 8 p.m. We do hope every nurse belonging to the Association will feel it her duty to attend.

Officers of Toronto Chapter of the Graduate Nurses' Association of Ontario: Chairman, Miss Dyke; Vice-Chairman, Mrs. Clutterbuck; Secretary, Miss M. E. Jewison; Treasurer, Miss Charters; Programme and Social Committee: Miss Anderson, Convener; Miss Teeter, Miss Knisely; Press and Publication: E. J. Jamieson, Convener; Mrs. Aubin, Miss E. M. Paul; Representative to G.N.A.O. Board, Miss Gunn; Representatives to Local Council of Women: Misses Gunn, Mathieson, Potts, Flaws and O'Connor; Legislation Committee: Misses Pringle, Crosby, Cooper, Connor, Panton and Jewison.

The meetings will be held January, March, May, September.

London: The Victoria Hospital Alumnae Association held its last Tuesday meeting at the home of Mrs. Walter Cummins, when the mem-

bers were entertained by Miss Mae Vicor and Mrs. Cummins. There were a goodly number present, and they mingled pleasure with Red Cross work. The ladies were very industrious in their knitting of scarfs for the boys at the front.

Collingwood: Miss Morrow, graduate of Collingwood G. & M. Hospital, who for the past year has been nursing in Port Arthur, spent a few days at the Nurses' Home. Miss Morrow intends returning to Fort William after Christmas to take up private nursing there.

Miss Burkholder spent a few days at the Nurses' Home last week, renewing old acquaintances.

Miss Carr spent a week in Midland with Miss Robinson, Superintendent of the Hospital.

There was no Alumnae meeting this month (December) as most of the nurses were out of town.

Miss J. Harrison, graduate of Grace Hospital, Toronto, 1898, after spending the summer in Toronto returned to Chicago on November 5th where she expects to take up her work again.

The annual meeting of the Graduate Nurses' Association of Thunder Bay District was held December 3, 1914, at St. Joseph's Hospital, Port Arthur. All the officers of past year were re-elected, as follows: President, Mrs. (Dr.) Cook; First Vice-President, Miss Patterson; Second Vice-President, Miss Johnston; Sec.-Treas., Miss L. Regan, St. Joseph's Hospital, also Representative on The Canadian Nurse Editorial Board; Executive Committee: Misses Guiry, Sherrat, Stewart and Bradley.

Miss Bradley has gone to Quebec to take a course in military nursing. She has instructions to be ready when called for active service.

Miss Guiry, graduate of St. Joseph's Hospital, who has been visiting at her home in Lindsay for several months, has returned to Port Arthur to resume her work as a private nurse.

Miss Lemier, graduate of St. Joseph's Hospital, Port Arthur, is at present a patient in St. Mary's Hospital, Rochester, where she has had an appendectomy.

Miss Wiggins was called to her home in Sarnia owing to the serious illness of her father.

The Thunder Bay Graduate Nurses' Association has contributed to the Hospital Ship Fund and the Red Cross work through the local Patriotic Society and the Women's Canadian Club.

The Toronto Western Hospital Alumnae Association met on Friday, December 4, 1914, at the Nurses' Residence, 24 Roseberry avenue.

Dr. Heggie gave a most interesting paper on "The History of Nursing" up to the time the Lady with the Lamp took up the work. He spoke briefly of the great changes made by her in the profession.

The Alumnae Association decided to continue its weekly meetings

for making pneumonia jackets for the Red Cross Society.

Five dollars was voted to the Star Santa Claus Fund, and an amount was set aside for the Florence Nightingale Memorial Fund in which all nurses feel such a personal interest.

Miss Beckett, graduate of T.W.H., who spent the summer in Western Canada, has resumed private nursing in Toronto.

The St. Michael's Hospital Alumnae Association, Toronto, held its regular meeting on Monday, November 9th, at the home of Miss Connor, Bathurst street. The retiring President, Miss O'Connor, presided. After the disposal of business all adjourned to the dining room, where refreshments were served. There was an unusually large attendance.

On November 25th a splendid concert was given at St. Michael's Hospital. Many of the graduates availed themselves of the kind invitation to be present. The Remington Minstrels gave a very funny show, with some good music. This was followed by patriotic songs and a couple of readings. The singing of "God Save the King" brought a very pleasant evening to a close.

Hamilton: The annual meeting of the Alumnae Association was held December 1, 1914. At the conclusion of the regular business, a motion was passed to appropriate $20 towards purchasing material to be made into supplies for the soldiers. To accomplish this work all the graduate nurses are invited to attend a meeting to be held every Tuesday afternoon in the "Residence" of the H.C.H.

The following officers were appointed for 1915: President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant avenue; Treasurer, Miss A. Carscallen, 176 Catherine street north; The Canadian Nurse Representative, Miss Bessie Street, 176 Catherine street north; Committee, Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

Miss Mumaw has been appointed one of the nurses on the tuberculosis staff of the Health Department, Cleveland, O.

Miss Sampson, graduate of H.C.H., who accompanied the first contingent, is now stationed in a hospital in France.

The committee for the Central Register is as follows: Convener, Miss Coleman; Treasurer, Miss B. Sadler; President of Alumnae, Miss Laidlaw; Misses A. Kerr, Emerson, Hulme, and O'Connor; Registrar, Miss Insole, 201 Jackson street west.

The regular monthly meeting of the Ottawa Graduate Nurses' Association was held at the Club House, Monday, November 9, 1914. Mrs. Ballantyne presided in the absence of the President, Miss Moore, who is in Quebec.

The final arrangements were made for the annual Dolls' Social, to be held December 9th.

Nineteen nurses took the November course at the Military Hospital, Quebec, and all were successful in passing the final examinations. The following nurses from Ottawa were among the number: Miss Moore, President of the Ottawa Graduate Nurses' Association; Misses Ray and Kinnear, of the Lady Stanley Institute; Misses Brankin, Hunter, Reardon and Turcotte, of the Ottawa General Hospital, and Miss Watson, of St. Luke's.

At the regular monthly meeting of the Ottawa General Hospital Alumnae on December 4th, a very interesting paper on school nursing was read by Miss Leyden.

The regular monthly meeting of the Central Registry Committee was held at 295 Sherbourne street, Monday, December 7th, at 3 p.m. In the absence of Miss Wardell, Convener, Miss Pringle occupied the chair. Thirteen members were present. Seven applications were considered, four of which were accepted.

The committee decided to give $50 for Christmas cheer, divided between six different charities, and five dollars to the Belgian fund, and $300 to the Central Registry Extension Fund, as in former years.

Calls for November, 237, 22 less than November, 1913.

There are 164 nurses on call.

Fees received during the month, $275; sale of charts, $7.15; disbursements, $158.50; total balance in bank, $1,806.85.

The Graduate Nurses of Peterboro contemplate forming a Central Registry, and have written the Registrar of the Central Registry, Toronto, for information and suggestions.

Quebec

Miss Colchester, class '03, R.V.H., Montreal, who has been in England and the Continent for some years, has been appointed Supervisor of the nurses from Guy's Hospital, London, who are to go to the front. Miss Colchester is an accomplished linguist, which makes her services in this capacity of great value.

The Alumnae Association of the R.V.H., Montreal, has had some interesting letters from its nurses at the front. Two were read from Miss Clint at the last meeting. She, with nearly all of the R.V.H. nurses, was at Boulogne when last heard from; all well and glad to be at work. They cannot speak highly enough of the kindness of everyone to them while in London, especially of all in connection with St. Thomas' Hospital, where they were guests while waiting to be appointed to their fields of work.

The first annual meeting of the Graduate Nurses' Association of the Eastern Townships was held on November 10, 1914, in the Art Hall, Sherbrooke. Interesting reports were received from the officers and conveners of committees. The President, in her address, expressed her

gratification at the work accomplished, and hoped that as an Association we would have a broader outlook in future. The following officers were elected for next year: President, Miss Orford (re-elected); First Vice-President, Mrs. Morkill; Second Vice-President, Miss White; Secretary-Treasurer, Miss Hetherington (re-elected); Conveners of Committees: Programme, Miss Hornby; Social, Mrs. McKechnie.

The sympathy of the Association is extended to Miss Margaret Smith in the recent death of her father. Miss Smith, who is taking up her nursing duties again, has been for the past year with her father at their home in Red Mountain.

The new Sherbrooke Hospital, which was formally opened in October, a report of which was recently published in The Canadian Nurse, is a well equipped and up-to-date hospital. The old hospital, built about eighteen years ago, has been entirely remodelled. The X-ray rooms, dispensary and Superintendent's apartments are on the first floor, the maternity department on the second, and the operating rooms on the third. The new hospital, which faces Price street, has four bright public wards, with sun parlors opening off each. The private rooms, which were furnished by friends of the institution, are most attractive. The cost of the new building was $120,000. Miss Norma Lamb, a graduate of Stratford General Hospital, is Superintendent. Miss Edna Day, graduate of Sherbrooke Hospital, is Assistant, and H. Douglas Bayne, M.D. (McGill), resident doctor.

A Peculiar Request: "Will you please give mother a nut to put a spider in, as baby's got the whooping cough?" This peculiar request was made to a Tiverton shopkeeper recently by a little girl, whose mother believes that if she imprisons a live spider in a nutshell and ties it round her infant's neck the whooping cough will disappear when the spider dies.

The result of this treatment is not told, but spiders seem the last kind of insect to bring into contact with a child.

MARRIAGES

At Vancouver, B.C., on November 30, 1914, Miss Lucy Barr, graduate of Toronto General Hospital, class '10, to Mr. Ernest Archibald, of Vancouver.

At Winnipeg, on September 30, 1914, Miss Dorothy Crawley, graduate of St. Boniface Hospital, class '12, to Mr. Gordon Perry, of Regina, Sask.

At Boonville, Mo., on October 12, 1914, Miss Annie Brabant, graduate of General Hospital, Sault Ste. Marie, Ont., to Mr. Augustine Oswald, of Boonville.

On November 18, 1914, at 566 Sherbourne St., Toronto, Miss Adeline A, Carnochan, graduate of Grace Hospital, Toronto, to Mr. Campbell A. McKeown.

On October 28, 1914, at Bond Head, Ont., Miss Jean Wood, graduate of G. & M. Hospital, Collingwood, class '14, to Mr. Fred Watt, of Collingwood.

On September 16, 1914, at Winnipeg, Miss Bessie Matheson, graduate of St. Boniface Hospital, St. Boniface, Manitoba, class '11, to Mr. Geo. F. MacDonald, of Winnipeg.

At Toronto, on November 21, 1914, Miss Alice B. McLeod, graduate of Toronto General Hospital, class '07, to Dr. Geo. Greenway, of Hamilton, Ont.

At Buckingham, Que., on November 28, 1914, Miss Brerman, graduate of Ottawa General Hospital, class '06, to Mr. Oscar Martin, of Buckingham.

In Toronto, on December 3, 1914, Miss Mabel Bell Henderson, graduate of New York Hospital, N.Y., to Mr. Murdock Black McDonald, of Toronto.

THE NURSES' LIBRARY.

Text-book of Anatomy and Physiology, for Training Schools and other educational institutions. By Elizabeth R. Bundy, M.D., Member of the Medical Staff of the Woman's Hospital of Philadelphia; Gynecologist New Jersey Training School, Vineland; formerly Adjunct Professor of Anatomy and Demonstrator of Anatomy in the Woman's Medical College of Pennsylvania; formerly Superintendent of Connecticut Training School for Nurses, New Haven, etc.

Third edition, revised and enlarged, with a glossary and 233 illustrations, 43 of which are printed in colors. Price $1.75 net.

P. Blakiston's Son & Co., 1012 Walnut street, Philadelphia.

This very practical text-book presents its subjects clearly and concisely, giving a comprehensive description of the structure and functions of the body. Thus the student is enabled to get a clear grasp of these important subjects.

Chemistry for Nurses. By Reuben Ottenberg, A.M., M.D., Lecturer to the Nurses' Training School, Mt. Sinai Hospital; Instructor in Bacteriology, College of Physicians and Surgeons, Columbia University, and Assistant in Clinical Microscopy, Mt. Sinai Hospital, New York. Cloth, 12mo. $1.00 net.

The Macmillan Company of Canada, Ltd., Toronto, 1914.

"Chemistry to the nurse is an accessory study—an aid to the understanding of other studies of undoubtedly greater practical importance. For this reason the present book is to be used by the nurse, not as a catalogue of facts to be learned outright, but as a reasoned explanation of things which otherwise would remain obscure."

This book is the development of a short course of lectures given to the pupil nurses of Mt. Sinai Hospital at various times in the past two years. The experiments described have all been demonstrated to classes of nurses, and can easily be performed with the simplest equipment. It is suggested that teachers perform these experiments before their classes.

Lectures on Medical Diseases for Nurses. By David Forsyth, M.D., D.Sc. Lond., F.R.C.P. Lond., Physician to Out-Patients, Charing Cross Hospital, Physician to the Evelina Hospital for Sick Children.

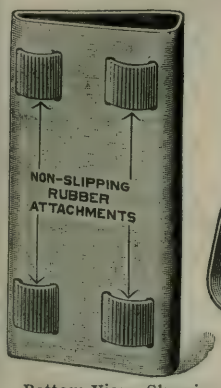
Bailliere, Tindall & Cox, 8 Henrietta street, Covent Garden, London, England, 1914.

These valuable lectures present the subjects clearly and explain them in an understandable way, thus helping the nurse over many difficulties.

Non-Slipping
Knee and Thigh Support and Foot Brace

Keeps the Patient from Sliding Down in Bed

A Comfort-Giving Appliance Needed in Every Sick-Room



Bottom View, Showing Non-Slipping Attachments

Patent Applied For

Supports and Rests the Knees

Makes a Comfortable Head-Rest

Fowler Position Obtained When Used With Back-Rest

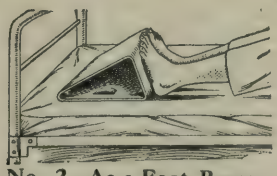
Length, 21 in. Bottom Width, 10 in. Height, 7 in. Weight, 3½ lbs.

Bed-ridden patients invariably slip towards the foot of the Bed, and lifting a patient up again means laborious work for the Nurse. The "Meinecke" Non-Slipping Knee and Thigh Support prevents the patient from sliding down.

The Rubber Attachments on the bottom, which prevent the Knee Support from sliding, are corrugated, and are detachable. The Support itself is made of light-colored, fine quality veneered wood, and is varnished all over with Valspar Waterproof Varnish.

Illustrations Showing How The Non-Slipping Knee Support is Used

No. 1—As a Knee Rest and Thigh Support — Prevents the Patient from sliding down in Bed. Gives a more comfortable position by flexing the knees, thus relieving all strain from the Spine and Abdominal Muscles. This makes it especially valuable after childbirth.

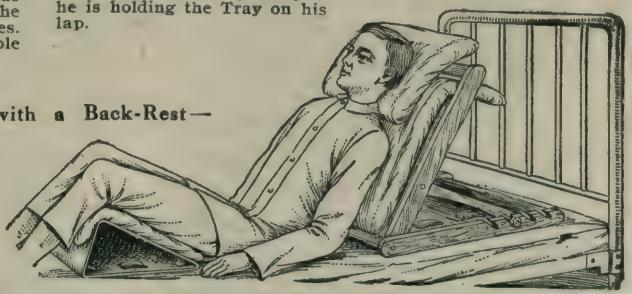


No. 2—As a Foot Brace— Prevents the Patient from sliding down. Also useful as a brace for the Feet when a Patient is eating, especially if he is holding the Tray on his lap.

No. 3—As a Head Rest— Much firmer than a Bolster, and not so heating. Does not sink in the Bed or slide.

No. 4—In Combination with a Back-Rest—

Gives the required Fowler Position for Post Operative Work; also for Proctoclysis (Continuous Rectal Irrigation). For Convalescents it also provides a comfortable position for reading or writing.



Retail Price of Knee and Thigh Support.....Each, $5.00

Special Price Made to Hospitals and Sanatoriums

Meinecke & Co., 48-50 Park Place, New York

Handbook of Anatomy for Students of Massage. By Margaret E. Bjorke Gren, Teachers' Diploma, Incorporated Society Trained Masseuses, Inter. (M.B.) Lond.

With 73 illustrations taken from "A Manual of Anatomy," by A. M. Buchanan, M.A., M.D., Professor of Anatomy, Anderson's College, Glasgow. Price 3/6 net.

Bailliere, Tindall & Cox, 8 Henrietta street, Covent Garden, London, England, 1914.

This is the first work dealing with anatomy especially arranged for students of massage. It is well and clearly illustrated.

Practical Bandaging, including Adhesive and Plaster-of-Paris Dressings. By Eldridge L. Eliason, A.B., M.D., Assistant Instructor in Surgery in the University of Pennsylvania Medical School; Assistant Surgeon University of Pennsylvania Hospital; Assistant Surgeon Howard Hospital; Member of the College of Physicians, Philadelphia. 155 original drawings and photographs.

J. B. Lippincott Company, Philadelphia and London.

This is a very complete treatise on this subject. The illustrations are good.

The Tuberculosis Handbook for Health Visitors and Nurses, also for the use of Social Workers, Heads of Families, and others. By A. H. G. Burton, M.D. (Lond.), D.P.H. Tuberculosis Officer Metropolitan Borough of Deptford. Illustrated.

The Scientific Press, Limited, 28 and 29 Southampton street, Strand, London, W.C., England.

This handbook gives clearly and concisely the main facts about tuberculosis in its different forms, its treatment, diet, etc. The last chapter gives the legislation enacted in Great Britain referring to tuberculosis.

Elementary Bacteriology and Protozoology. The Microbiological Causes of the Infectious Diseases. By Herbert Fox, M.D., Director of the William Pepper Laboratory of Clinical Medicine in the University of Pennsylvania; Pathologist to the Zoological Society of Philadelphia, etc. Illustrated with 67 engravings and 5 colored plates.

Lea & Febiger, Philadelphia and New York.

This volume aims to give an idea as to the nature of micro-organisms and their relation to the world's economy, especially in disease. How bacteria enter the body, what they do there and how they are overcome, the nurse needs to know, and this volume gives this information very clearly.

6 oz. Sprinkler Top

GLYCO-THYMOLINE
DENTAL
CONTAINS FOUR PER CENT OF ALCOHOL
IS PUT UP IN THIS STYLE WITH SPRINKLE TOP FOR DENTAL PURPOSES USED DAILY AS A DENTIFRICE AND MOUTH WASH
Kress & Owen Company
MFG. CHEMISTS
361-363 PEARL ST. NEW YORK

Glyco-Thymoline is an ideal daily mouth wash. Reduces inflammation of Mucous Membrane without irritation.

Used in conjunction with the K. & O. Nasal Douche for treating Nasal Catarrh.

KRESS & OWEN COMPANY
361-363 Pearl Street, NEW YORK

To The Nurse

The peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.

It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

Rainier Natural Soap is about 85% Refined Mineral Saxonite and 15% pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send a full size trial cake on request.

Sold regularly by Druggists for 25c per cake.

Rainier Mine Company
Buffalo, N.Y.

MALTINE
With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY
88 Wellington St. West, TORONTO

THE CANADIAN NURSE EDITORIAL BOARD

Newfoundland

Miss Southcott, Supt. Training School for Nurses, Gen. Hosp., St. John's.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

Cape Breton

Mrs. Lornay, Brooklands, Sydney, N.S.

Nova Scotia

Miss Pemberton, Supt. Restholm Hospital, Halifax.

Miss Kirke, Supt. Victoria General Hospital, Halifax.

New Brunswick

Mrs. Richards, Supt. Victoria Public Hospital, Fredericton.

Miss Hegan, 75 Pitt St., St. John.

Quebec

Miss H. A. Des Brisay, 16 The Poinciana, 56 Sherbrooke St. W., Montreal.

Miss Colquhoun, 301 Mackay St., Montreal.

Miss Emily Freeland, 285 Mountain St., Montreal.

Miss Hersey, Supt. Royal Victoria Hospital, Montreal.

Miss L. E. Young, Asst. Supt. Montreal General Hospital, Montreal.

Miss M. Vernon Young, 56 Sherbrooke St. West, Montreal.

Miss Grace E. Nourse, 5 Elizabeth St., Sherbrooke.

Ontario

Miss Morton, Supt. Gen. and Marine Hospital, Collingwood.

Miss MacWilliams, Supt. General Hospital, Oshawa.

Miss Robinson, Toronto General Hospital.

Miss Janet E. Anderson, 35 Norwich St, Guelph.

Miss Bessie Sadler, 100 Grant Ave., Hamilton.

Miss Annie Baillie, 237 Queen St., Kingston.

Miss M. A. MacKenzie, Chief Supt. V.O.N., Somerset St., Ottawa.

Miss M. A. Ferguson, 476 Bonacord St., Peterboro.

Miss L. Regan, St. Joseph's Hospital, Port Arthur.

Miss Jewison, 71 First Ave., Toronto.

Miss Ewing, 295 Sherbourne St., Toronto.

Miss S. B. Jackson, 36 Prince Arthur Ave., Toronto.

Miss M. Russell, 24 Patterson Ave., Ottawa.

Miss McNeill, 82 Gloucester St., Toronto.

Miss J. I. Gunn, Toronto General Hospital.

Miss E. F. Neelin, General Hospital, Kincardine.

Miss A. M. Connor, 853 Bathurst Street, Toronto.

Miss Mary F. Thomson, 2 Lyman Street, St. Catharines.

Miss J. Ferguson, 596 Sherbourne Street, Toronto.

Miss Lennox, 32 Bernard Avenue, Toronto.

Miss G. A. Hodgson, 26 Foxbar Rd., Toronto.

Mrs. W. Cummins, 95 High St., London.

Miss G. A. Gowans, 5 Dupont St., Toronto.

Mrs. W. E. Struthers, 558 Bathurst Street, Toronto.

Manitoba

Miss Birtles, Supt. General Hospital, Brandon.

Miss Wilson, Supt. of Nurses, General Hospital, Winnipeg.

Miss M. I. Burns, General Hospital, Winnipeg.

Saskatchewan

Miss Jean E. Browne, Alexandra School, Hamilton St., Regina.

Alberta

Miss M. M. Lamb, 562 Kirkness St., Edmonton.

Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

British Columbia

Miss Judge, 811 Thurlow St., Vancouver.

Miss M. H. Clarke, 36 Douglas St., Victoria.

Miss Rene Norcross, 1274 Mitchell St., Victoria.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

BOARD OF DIRECTORS

Mrs. Struthers, Toronto, President.

Miss E. J. Jamieson, 23 Woodlawn Ave. East, Toronto, Vice-President.

Miss M. E. Christie, 39 Classic Ave., Toronto, Secretary-Treasruer.

Miss Lennox, 107 Bedford Road, Toronto.

Miss J. McNeill, 52 Alexander St., Toronto.

Editor

Miss Bella Crosby, 295 Sherbourne Street, Toronto.

Dix-Make UNIFORMS

ARE READY FOR WEAR AND meet the requirements of the most fastidious. All nurses who would wear strictly tailored and extremely smart-looking uniforms, should insist upon having our label in the garments when buying.

Made with utmost care and precision of standard materials, in all sizes.

Sold by department stores everywhere

The Dix-Make has been selected as the official uniform of the AMERICAN RED CROSS

Write for book of styles, samples of materials, etc. Address Dept. B.

665 $5.00

666 $4.00

Henry A. Dix & Sons Company - - Dix Building - New York

IT WOULD be difficult to imagine and impossible to find a Talcum Powder daintier or more truly delightful than

NA-DRU-CO Royal Rose Talcum Powder

In its velvety smoothness, its remarkable powers of soothing and comforting the skin—and its exquisite fragrance of fresh American Beauty Roses, Na-Dru-Co Royal Rose Talcum Powder stands alone.

Just Try It!

National Drug & Chemical Co. of Canada, Limited, Montreal

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 43 Argyle Ave., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital..

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President. Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Miss Armstrong; Cor. Sec., Miss Kropf, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Brennan; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Moody; Secretary, Mrs. Willard J. Hill, 360 Oakwood Ave., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 185 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 137 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss O'Connor; Secretary, Miss Foy, 168 Concord Ave.

The Toronto Western Hospital Alumnae Association.—President, Mrs. Valentine; Cor. Sec., Mrs. MacConnell, 514 Brunswick Ave.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 118 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Mrs. Struthers; Secretary, Miss E. M. Macallum.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. Bilger; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Mrs. M. Armstrong; Cor. Secretary, Miss K. Holt.

Antiseptic, hygroscopic, heat-retaining, convenient, cleanly

Antiphlogistine
TRADE MARK

is "first aid" in all forms of inflammation, deep-seated or superficial.

In **SPRAINS** and **WRENCHES,** the stretching or tearing of the ligaments, contusion of the synovial membrane and damage to vessels and nerves call for Antiphlogistine.

The absorption of the liquid exudate from the swollen tissues and the free circulation of blood in the seat of the injury. greatly hastens the process of repair.

Please remember: Antiphlogistine is **powerfully, safely** antiseptic as well as antiphlogistic. Its mineral base is first sterilized, then the other germicidal, alterative, hygroscopic elements—boric and salicylic acids; iodine, c.p. glycerine; oils of mint, eucalyptus and wintergreen—are added *secundum artem.*

AN ETHICAL PROPRIETARY FOR ETHICAL PHYSICIANS

Therefore Physicians should WRITE "Antiphlogistine" to AVOID "substitutes."

"There's Only ONE Antiphlogistine."

THE DENVER CHEMICAL MFG. CO., NEW YORK, U.S.A.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss A. Weyer, 51 Grosvenor Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO

President—Miss Barbara Gilchrist; Vice-President, Miss Agnas McDougall; Secretary-Treasurer—Miss B. MacIntosh.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

The Canadian Nurse Representative—Miss Bessie Street, 176 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 505 Sherbourne St.; Treasurer, Miss Georgie Henry, 459 Indian Road.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 707 Yonge St

Regular meeting—First Wednesday, 3.30 p.m.

A CEREAL FOOD
different from all others

because it contains the natural
digestives—Trypsin and Amylopsin.

It is used regularly in Hospitals, Sanatoria, Nursing Institutions, etc., throughout the world, and prescribed and recommended by leading physicians in practice and in many standard medical works.

The outstanding feature of Benger's Food is its power of self-digestion, and milk modification, due to the two digestive principles contained in it. This occurs during its preparation with fresh new milk and is simply regulated by allowing the Food to stand from 5 to 45 minutes; it is stopped by boiling.

Benger's Food

FOR INFANTS, INVALIDS AND THE AGED.

A physician's sample with analysis and report will be sent post free upon application to any member of the Medical Profession

BENGER'S FOOD LTD., MANCHESTER, ENG.
or from their Wholesale Agents in Canada:—The National Drug & Chemical Co., of Canada, Ltd.
Montreal, or any of their Branches at—

Halifax, N. S.	Winnipeg, Man.	Vancouver, B. C.	Nelson, B. C.
St. John, N. S.	Toronto, Ont.	Victoria, B. C.	Ottawa, Ont.
London, Ont.	Hamilton, Ont.	Calgary, Alta.	Regina, Alta. M.6cC.

WEDDING CAKES
A SPECIALTY

COLES

Caterer and Manufacturing Confectioner

719 YONGE STREET
TORONTO

The Graduate Nurses' Residence and Registry

PHONE SHERBROOKE 620
DAY OR NIGHT

753 Wolseley Ave. - Winnipeg

New York Polyclinic
Post-Graduate School for Nurses

¶ Offers nine months course in the following branches: Surgery, including emergency work; Operating Room Technic; Sterilization; Gynecology; Pediatrics; Eye, Ear, Nose, Throat; Orthopedics; Cystoscopy.

¶ Classes by resident instructor, supplemented by bedside instruction. Lectures by Attending Staff. Special Course in Dietetics. Diploma awarded on satisfactory completion of course. Registry maintained for graduates and frequent opportunities given to obtain institutional positions. Remuneration: board, lodging, laundry, and $12 monthly.

¶ A special course of four months duration is offered to those specially qualified. Remuneration: board, lodging, laundry and $8 monthly.

E. LETA CARD, R.N.
Superintendent of Nurses
341-351 West 50th St., New York

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN, TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss D. Farncombe, 52 Victor Ave.; 2nd Vice-President, Miss L. Galbraith, corner Shaw and Irene St.

Treasurer, Mrs. Canniff, 77 St. Clair Ave. East.

Recording Secretary, Miss M. Hill, 105 Roxboro St. East.

Corresponding Secretary, Miss C. Cameron, 137 Macpherson Ave.

Conveners of Committees—General Business, Miss Ewing, Miss J. Hamilton; Sick Visiting, Miss I. Gray, 67 Balmoral Ave., Miss M. Ellerington, 159 Cumberland St.

Press Representative and "The Canadian Nurse" Representative, Miss K. Panton, Hospital for Sick Children; Representatives on Central Registry Committee, Miss M. Gray, Miss L. Teeter.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Miss Helen Randal, Supt. of Nurses, General Hospital, Vancouver, B.C.; First Vice-President, Miss V. L. Kirke, Supt. of Nurses, Victoria General Hospital, Halifax, N.S.; Second Vice-President, Miss Stanley, Supt. of Nurses, Victoria Hospital, London, Ont.; Secretary, Miss L. C. Phillips, Supt. of Baby & Foundling Hospital, 43 Argyle Ave., Montreal, Que.; Treasurer, Miss A. J. Scott, St. Margaret's College, 144 Bloor St. E., Toronto.

Councillors—Mrs. Bridgeman, Aylmer, Ont.; Miss Young, General Hospital, Montreal; Miss Flaws, Wellesley Hospital, Toronto; Miss Catton, Lady Stanley Institute, Ottawa.

Auditors—Miss F. M. Fraser, Halifax, N.S.; Miss Potts, Supt. Hospital for Sick Children, Toronto.

ALUMNAE ASSCCIATION, GRACE HOSPITAL, TORONTO

Honorary President, Miss G. L. Rowan, Grace Hospital; President, Miss L. Smith, 596 Sherbourne Street; First Vice-President, Miss De Vellin, 505 Sherbourne Street; Second Vice-President, Miss E. Knight, 28 Hampton Mansions, Metcalfe Street; Secretary, M. E. Henderson, 71 First Avenue; Assistant Secretary, M. E. Jewison, 71 First Ave.; Treasurer, Miss Carnochan, 566 Sherbourne Street.

Board of Directors—Misses Rowan, Sloane, Warden, McPherson and Irvine.

Conveners of Committees—Devotional, Miss Noble, 286 Avenue Road; Programme, Miss E. Hawley, 260 Huron St., Social, Miss Etta McPherson, 63 Queen's Park; Press and Publication, Miss McKeown, 566 Sherbourne St.

Representatives on Central Registry Committee—Miss Mabel Pearen, 624 Manning Ave.; Miss Irvine, 596 Sherbourne St.

Representative to "The Canadian Nurse"—M. E. Jewison, 71 First Avenue.

Regular Meeting, second Wednesday, 3 p.m.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Mrs. Valentine, 55 Lakeview Ave.; First Vice-President, Miss Anderson, 48 Wilson Ave.; Second Vice-President, Miss Wilson, 159 College St.; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. MacConnell, 514 Brunswick Ave.; Treasurer, Miss Lucas, 35 Stephenson Ave.

Visiting Committee: Misses Beckett and Hornsby.

Representatives on Central Registry Committee: Misses Anderson and Cooper.

Program Committee: Miss Baker, Mrs. Bailey, Miss Creighton.

Directors: Misses Davis, Bowling and MacLean.

"The Canadian Nurse" Representative: Miss S. B. Jackson, 36 Prince Arthur Ave.

Regular Meeting: First Friday, 3 p.m.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, FEBRUARY, 1915. No. 2

MANAGEMENT OF SMALL HOSPITALS

By Janet E. Cameron, Superintendent St. Joseph's Hospital, Glace Bay, N.S.

I shall take for granted that the small hospital, with not less than twenty-five beds or not more than one hundred beds, is under the superintendence of a graduate of a first-class training school.

Courses in hospital administration are now given in several of the larger hospitals, and any woman who undertakes to superintend a hospital, however small, should graduate in hospital administration as well as in training school work. She will be all the better qualified, too, if she has held the minor positions of supervisor or head nurse in a large hospital, and if she has spent some time private nursing, as it is by actually doing private nursing that one gets an accurate idea of what is expected and demanded of nurses in that very important field.

An executive committee, selected from the Board of Trustees and responsible to them, should attend to the details of hospital work. Hospital by-laws should clearly define the duties of each officer, and should be revised from time to time to keep pace with the steady advance in methods of hospital administration.

To have a successfully managed hospital, the board of trustees must place the responsibility and vest the necessary authority in one person, the superintendent, who must always be eager and ready to solve, from the inside, the various problems that arise.

Starting out, therefore, with an experienced nurse in charge of a hospital, where the general conditions are favorable, one of the great problems that first confronts her is the choosing of assistants.

Each assistant should not only have all the professional qualifications necessary for the position she is called to fill, but she should also have an extra dash of loyalty to her superintendent.

A superintendent who is fortunate enough to have graduates from her own training school as assistants gets nearer than any other to a solution of the difficulties which lie in the way of building up a loyal and efficient working force.

It often happens that nurses, although very capable professionally, have neither the temperament nor the tact necessary for preserving

Read at Annual Meeting of Canadian Society of Superintendents of Training Schools for Nurses, Halifax, N.S., July, 1914.

that harmony which is so essential to the welfare of an institution of this kind.

Lack of harmony between a superintendent and the board of management, lack of harmony between a superintendent and the medical and surgical staff, lack of harmony between a superintendent and the nursing staff, or any combination of these three diseases in hospital management, handicaps at every turn.

Friction between the heads of departments is almost as detrimental to the attainment of the ideal in hospital management, and perhaps the superintendent nearest the solution of this difficulty is the one who is broad enough to pass over little weaknesses and strong enough to deal patiently and justly with graver offences.

Remember always that in hospitals one has to deal with the abnormal and the intensely human. Therefore, kindness and courtesy are as essential as system and discipline.

Harmony among the heads of departments usually means harmony all around, and a hospital having all in authority capable, loyal and courteous will satisfactorily solve all problems.

Such a working corps should not be overworked, and, once established, every effort should be made to retain the services of each member. Frequent changes greatly impair the efficiency of any organization, and increasing salaries or granting bonuses at end of each year would be a just way of showing appreciation and of retaining services.

The staff of a small hospital should be sufficient to give up-to-date care to each individual patient, and should be divided into departments with a competent supervisor in each.

In hospital circles we very frequently hear of overworked women, and it is only too true. During the last decade there has been a tendency towards giving more help, but there is still much room for improvement.

When arranging for the work of each department, we naturally begin with the admitting office, whose rules for the admission of patients should be sufficiently comprehensive and elastic to meet all kinds of conditions and emergencies, and in this connection it is absolutely necessary that the superintendent should know explicitly what her duties are to the executive and to the hospital in such matters.

Some hospitals, noted for good management, enquire carefully into conditions before fixing rate to be paid in public wards, with a view to avoiding two extremes: One where the patient can afford and does not want to pay, and the other where the patient is so poor that those depending on him may suffer by his eagerness to pay.

There is, of course, a regular rate per day for public wards as well as for private wards, and I am greatly in sympathy with hospital workers who maintain that public ward patients who can do so should

pay cost per day for their care. Many patients cannot afford to pay the full rate, but can pay part. I would suggest that the following questions be answered either by the patient himself or by the person responsible for him?

How much does he earn?

How much has he saved?

How many are dependent upon him?

How much sick benefit, if any, is he allowed?

The number of persons he supports?

Does his pay stop when he is ill?

Is he dependent upon people to look after him while he waits for a bed?

If a woman, the date of her last menstruation?

The admitting card should have signature of person responsible for payment.

Emergency cases should be promptly admitted, and when impossible to make the necessary arrangements beforehand with patient's friends these arrangements can be made later on. This is a matter about which there should be a clear and explicit understanding between the superintendent and the board of trustees or the executive, so that a patient may not suffer on account of unnecessary delay.

All correspondence with regard to the admission of patients should be given prompt attention, and all engagements for beds and rooms, whether by correspondence or otherwise, should be entered in a book which should be kept on superintendent's desk. In it should be entered the following particulars: Physician's name; patient's name; nature of case, whether medical, surgical, or obstetrical; location of bed or room, and date promised. As soon as patient is admitted an entry to that effect should at once be made to prevent confusion or mistake.

The greatest possible charity should be extended to suffering humanity, in connection with the admission of patients. I say this because it has been my good fortune to have superintended a hospital where the greatest possible charity has always been extended to suffering humanity. Our aim has always been to admit anyone who needed hospital care.

Whenever possible, it is very satisfactory to have payments made weekly in advance. The card catalogue method is an excellent one for all business and other records of a hospital, provided, of course, that there is a staff sufficient for carrying on the work.

The superintendent's office should have a board with names of wards and a card for each patient with the following information: Name and address of patient; name of physician; religion of patient and date of admission.

When a patient is dangerously ill, a red star or seal should be

placed opposite his name. Friends and clergyman are then notified and all restrictions with regard to visitors are relaxed to meet the patient's wishes and physician's orders.

As soon as possible after patient is admitted to the ward his nurse sends to superintendent's office a slip with patient's name, his temperature, pulse and respiration, hour and date admitted, name of ward, name of physician, any information which should be given about patient's condition, and signature of nurse. Names entered on chart, on board, and in office register should be exactly the same. On door of each private ward a card should have name of patient, name of physician, and religion of patient. This guides all visitors.

All business of hospital, as well as records of patients, is the work of office department. There must necessarily be a good accounting system, and at the present time when the hospital field is making advances in this important line of administration work, the superintendent must be alert and keep up-to-date. The smaller hospital can adopt a system comprehensive enough to cover all necessary details without being too complicated. Without taking up more time than is allotted for one paper it is not possible to go into any details of hospital accounting. A perfection desk calendar, memorandum file, and paper weight are useful additions to office desks. It is important for the superintendent of a small hospital to have reports from all departments every morning, and, from head nurses, reports of very ill patients every four hours during the day.

Where the number of beds and plan of building make it possible, each floor should have one head nurse with a pupil from graduating class as an assistant, if necessary. With a diet kitchen, medicine closet, linen room, and supply closet on each floor, wards can requisition for supplies each morning. It is well, too, to have all but emergency prescriptions made up each morning. Each floor can receive its complement of linen from one general linen room, which should be as near the laundry as possible. One superintendent has tried with success the plan of having the pupil nurses in turn check all nurses' clothing sent to and returned from the laundry; also noting pieces torn.

The best managed hospitals see that the superintendent can devote sufficient time to buying, and what is profitable for a large hospital should be imperative for the smaller ones. An index book can be used for all articles required, and names of firms with prices recorded there. A selection should be made of the best wholesale firms for medical, surgical and linen supplies, and purchases made once or twice each year. One can now contract by the year for many of the hospital supplies.

In the kitchen department one should strive to have a cook with some compassion for the sick. This is one of the hard departments

to manage, and we can only struggle to reach perfection there. A superintendent must give not only orders and advice but sympathy and teaching in this important work. A few minutes devoted to planning and advising tends greatly to have better results. Pupil nurses should be given experience in cooking, and the special diets disposed of in this way. Isolated small hospitals find it hard to have their nurses taught in this branch of the work. Many towns now have domestic science teachers, who can get up a very nice course for nurses, and this course can be supplemented by teaching in the hospital. When this is not possible the only solution is for the superintendent or head nurse to take hold. Teaching massage is harder to manage in isolated places. It is one problem not easily solved.

I may here say that the hospital I superintend accommodates ninety to one hundred patients. We take medical, surgical, and obstetrical cases. We have a graduate nurse on each floor (three in all) a graduate nurse in the office, and a graduate nurse for night superintendent. I have tried with success having a graduate nurse for housekeeper.

Where so much attention will be given to training of nurses I shall only say that we cannot place too much value on the personality of the nurse or give too much time to the ethical side of the work, when endeavoring to send out nurses to meet the many demands of the present day.

I regret exceedingly that it is not possible for me to attend the annual meeting this week at Halifax and hope the enjoyment of all who will be present will be as keen as my disappointment.

FOOD FOR SICK AND CONVALESCENT

By Miss Dobson.

There is a great deal of benefit derived from the knowledge of what variety of food is required for the sick and, perhaps, quite as much importance in the manner the food is presented to the invalid, the latter especially so to every nurse.

While we are apt to hold contempt for the man who places his appetite above his intellectual or business environment, we feel obliged to give in to a sick man as far as his body will permit.

It causes no little shock or excitement to find oneself in the midst of other sick and in such an unusual place as a hospital—so the first point to be gained is to make the patient comfortable and contented. The next, to present food in such a manner that the patient may relish it. Relish goes a long way towards making the food suitable, therefore,

Read at Annual Meeting of Nova Scotia Graduate Nurses' Association.

before considering the nature of the food, a few words on how to serve it would be appropriate.

The first and very essential point is to have hot food served hot, and that which should be served cold to be cold. If equipment is not suitable for this, it should be so arranged to admit of it before real success can be obtained. The portions should be small in order to create an appetite for more, thus causing the patient to digest what is taken, as we know "it is not what is eaten but what is assimilated that nourishes the body," and as nurses it is more important to bear this in mind, as the system is apt to be sluggish from lack of exercise and distraction of any kind.

The cost of the food is most important in catering to the invalid, especially when a patient's food means life, and for whom aversion to food means death, no expense should be grudged. Then, again, novelty in food very seldom commends itself to people who have had little or no variety, to speak of, in their lines. They relish best the foods to which they have been accustomed.

The tray is very often the chief event of the day in the sick room, and too much care cannot be taken in its preparation. Neatness and attractiveness go a long way toward making the food palatable, therefore this aid should be used as far as possible, especially since the methods of serving may be varied more readily than the articles of diet, hence, appearance and manner of offering have much to do with its acceptance or rejection. The tray cover should be without crease or wrinkle and of the best linen possible; use the daintiest china and silver, arranging these conveniently, and changing the china occasionally to relieve the monotony of the sick room.

The unexpected always pleases: never ask a patient what he would like to eat. The food should be properly seasoned and tray covered when carrying from pantry to patient's room. The simplest nourishment must not only be prepared with the greatest nicety, but also in the most attractive manner. In tray service, quality should always come before quantity. We all know how essential it is that medicines should be given at stated times, and it is quite as important to present food at stated intervals also.

A good deal of discretion should be used in feeding patients. For instance, strong men should not be fed on fried pork or any heavy foods, but may occasionally be given bacon, in order that they may not miss the accustomed flavor of the pork. In their homes they are probably not accustomed to soups, and it is a part of their education while in the hospital to teach them the value of such foods—for if they find themselves growing stronger, daily, from such diets they will believe in them.

Ellen Richards says, "no better school of diet can be found than

an intelligently managed hospital. Even though the patient only stays a week or ten days, he should have gained something which will benefit him later, for cleanliness and diet must be insisted upon."

It is of the utmost importance that nurses should be as perfectly trained in serving of food, and in general principles of diet, as in any other portion of their duties, "for no medicine or disinfection can take the place of nutritious food as a factor of recovery."

Instead of giving in to a patient, a nurse who has gained a knowledge of what is best in general practice and experience of how to administer food, cannot help but deal with her case successfully.

There are at least five requirements:

1st. Productions of flavor and odor. The difficulty is in dealing with a number of people, "for what one man loathes is dear to another's soul." The combination must be pleasing, and very often a coveted flavor may be added after the food reaches the ward. All strong odors should be avoided in wards on account of the other patients.

2nd. Each article should be prepared to tax the digestive system as little as possible, as the energy is needed for recuperation rather than digestion.

3rd. If a cheaper material can be used as a food in place of a more expensive one, it may be used.

4th. All fuel foods are valuable, as heat and energy are most needed for a patient.

5th. Such foods as sweetened drinks, soups, etc., 95-98 p.c. water, fruit jellies, porridge 80 p.c. water, should form the main diet of many hospital patients, as they readily mix with the juices and stimulate the appetite.

It is very often most difficult to decide on proper articles of diet for the sick or convalescent. Of course these are modified by the nature of the disease, hence the selection needs the supervision of a practitioner who believes in the curative power of dietetics. A patient recovering from an illness is often in so precarious a condition that the slightest indiscretion in diet may prevent the recovery for weeks, or prove fatal. Any nurse trained to formulate dietaries for the patients in quantity and relative proportions of the different food principles required cannot help but cope with the situation in a more intelligent way than one not so instructed.

MASSAGE AND "SWEDISH MOVEMENT CURE"

By Edith J. Taylor

So often the question "What is Massage good for" is asked, and the answer is "Good for the Circulation—it strengthens you." The

subject is far too complicated to be disposed of by an assertion of such a sweeping character, and we hope that soon it will be understood a bit more, and even those who have not had the treatment will begin to realize its wonderful possibilities for the relief, not only of pain, but (with the additional use of Medical Gymnastics—or "Movement Cure") of deformity as well.

Massage proper has to do chiefly with the weak and ailing and is used when the doctor has called upon the masseuse to keep with the case as the first step of the treatment. We have four procedures of chief importance, namely, Friction, Kneading, Pressure, and Percussion, each being a passive exercise of the muscles. Some French masseurs have given as many as twenty-one procedures, but outside half a dozen or so, these seem to be rather more ornamental than useful.

To be an operator of Massage we must know the machine on which we are to work, and a thorough course of Anatomy, Physiology and Pathology must have been covered. Without this there is grave harm done, thus casting a suspicion in the minds of both physician and those who have been experimented upon, and practitioners of massage are branded as "Quacks."

A good technique is of great importance, but some operators, lacking this, do well with the tissue on which they work, and the success of their work depends upon their knowledge of that tissue. This should be coupled with a sufficient ability to apply massage and exercise in such a manner as to secure the best results in the briefest time. If someone is heard to say they have had local treatments which last an hour or more, the training of their masseur can most certainly be improved upon. Prolonged, the procedures of massage lose their desired effect and produce irritation.

It is important to remember the presence of valves in veins and lymphatics, so we always massage in the direction of the heart. To reverse this causes stagnation in the venous and lymphatic systems acted upon. The idea is—an alternate pressure and relief from pressure which causes an interchange of the cell contents; the tissues are squeezed like sponges; blood and lymph vessels become alternately emptied and refilled; the venous circulation and re-absorption increase; physical impediments to capillary circulation are removed, and the transudation of fresh nutritive supply is favored. The tissues, as a result, are receiving a better blood supply, and muscular growth is the outcome. It is for this, for the most part, that we work, and to prepare for this growth of muscle we use massage proper. Having reached this point, however, we begin our "Movement Cure," as massage is merely a preparation for this more important part.

In Medical Gymnastics we are either working to develop the body as a whole, or we are working on a special set of muscles which,

through disuse of one or overuse of others, have become under or overdeveloped. We must have properly balanced antagonistic muscles or we get abnormalities. If an extensor is developed more than a flexor we must give exercises to develop that flexor, or the body will be thrown out of shape. Physicians agree that deformed bodies are caused more from improper muscle development than from mis-shapen bones, and a large number of mis-shapen bones are caused by improper use of antagonistic muscle. A masseuse fully understanding the action of all muscles and remedial exercises for these troubles, may have accomplished wonderful results.

As to properly applied movements for the development of the body as a whole, Baron Poase taught his followers that the aim is to "develop the body into a harmonious whole under perfect control of the will—not to produce great bulk of muscle, but to cause that already present to respond readily to volition; to improve the functional activity of the body and to counteract and correct tendencies to abnormal developments, especially those resulting from the artificial life of civilization."

Following his teaching, we have a system of exercises which develop both mind and body. The general circulation and quality of the blood improve and the brain becomes better nourished, its power of action increases, for it is only in a healthy body we have a perfectly healthy mind. If a body is weakened by disease or by inactivity, the intellectual powers become enfeebled. On the other hand, we find an over-amount of exercise, especially of one or a few sets of muscles, has its effect on the brain, and an athlete trained along one or a few lines of special exercise may be very stupid. We must aim, therefore, to develop the body into the harmonious whole Baron Poase set as his ideal.

Exercise develops a consciousness of power which inspires courage, confidence, and resolution. Through its influence the moral self becomes healthier, purer and stronger.

When we say that we are masseuses we should also be able to say we can apply Swedish Gymnastics, for massage is but the first step, and only a small part of a very wonderful system.

NURSES IN LITERATURE

"To see ourselves as others see us" is said to be a psychological feat of extreme difficulty. But many novels of recent publication, in which the "trained nurse," if not the heroine, is at least a prominent character, her power for good or evil a motive of the plot—would lead us to judge that, to the general public, the "Hospital Nurse" im-

presses one, for the most part, as being little worthy the status of her calling.

To quote from "Elizabeth and her German Garden," said the "man of wrath":

"If you doubt the truth of my remarks and still cling to the old poetic notion of noble self-sacrificing women tenderly helping the patient over the rough places on the road to death or recovery, let me beg you to try for yourself the next time anyone in your house is ill, whether the actual fact in any way corresponds to the picturesque belief. The angel who is to alleviate our sufferings comes in such a questionable shape that, to the imaginative, she appears merely as an extremely self-confident young woman, wisely concerned, first of all, in securing her personal comfort; much given to complaints about her food, and helpless, where she should be helpful; possessing an extraordinary capacity for fancying herself slighted, or not regarded as the superior being she knows herself to be; morbidly anxious lest the servants should, by some mistake, treat her with offensive cordiality; pettish if the patient gives more trouble than she had expected; intensely injured or disagreeable if he is made so courageous by his wretchedness as to wake her during the night—an act of desperation I was guilty of once, and once only."

Mrs. Oliphant's old-fashioned story, "A House in Bloomsbury Square," renders a more just and representative criticism: "Two of those persons, indeed, had been ordered in by the doctor, a nurse for the day and a nurse for the night, who filled the house with that air of redundant health and cheerfulness, which seems to belong to nurses, one or the other of them being always met on the stairs, going out for her constitutional, going down for her meals, taking care of herself in some methodical way or other, according to prescriptions, that she might be fit for her work. And no doubt they were very fit for their work, and amply responded to the confidence placed in them, which was not only shown by Dora, banished by them from her father's room, but by Gilchrist, whose soft heart could not resist the cheerful looks of the two fresh young women, though their light-heartedness shocked him a little."

"Mrs. Simcox's weekly bill fell by chance into the patient's hands and its items filled him with horror. When a man is himself painfully supported on cups of soup and wings of chickens, the details of roast lamb for the day nurse's dinner and bacon and eggs for the night nurse's breakfast take an exaggerated magnitude. And Mrs. Simcox was very conscientious, putting down even the parsley necessary for these meals. This bill put back the patient's recovery for a week.

"The two nurses had at last been got rid of, to the great relief of all in the house except Mrs. Simcox, whose bills shrank back at once

to their original level, and who felt herself, besides, reduced to quite a lower level in point of society, her thoughts or imaginations having been filled, as well as those of Janie and Molly, by tales of the hospitals and sick-rooms, which made them feel as if translated into a world where the gaiety of perfect health and constant exercise triumphed over every distress."

Many other passages might be quoted from this quaint tale.

As a heroine in fiction, to judge by such novels as "The White Linen Nurse," "The Fowler" (Nurse Isabel with her nine-button boots), the "Trained Nurse" on private duty must appear a very flippant, if rather attractive, young woman, boasting many mercenary and vain ambitions, carefully disguising a really kind heart, some small proportion of common sense and aptitude for making the best of her slender educational advantages.

In Richard Dehan's "Between Two Thieves" we are given representation of the type from which we have degenerated. "Ada Merling" has been accepted as a fictional description of the personality and life history of Florence Nightingale, with a little romance interwoven. If space permitted, reference might be made to other novels. The question worth consideration is—Do these criticisms and heroines justly describe the Professional Nurse?

WHERE TO SHOP IN CANADA.

By E. M. Pemberton, Halifax.

In these days of disturbed and disordered trade conditions and interrupted travel, many nurses who have indulged themselves with holiday visits to Boston or New York, or an occasional visit to the "Old Country," will no doubt be considering now the best and most expeditious methods of obtaining various specialties so necessary to their own comfort or to that of their patients, which have previously been purchased while on vacation tours. In Canada we have, it is true, no Wanamakers or Garroulds, no Baileys or Meineckes. The Dominion, however, is well provided throughout the provinces with large department stores and catering firms, including in their stock many nursing requisites, as a few inquiries along these lines will reveal.

Through the advertisement columns of "The Canadian Nurse" we are long since familiar with the wonderful provisions of the T. Eaton Co. stores, recognized headquarters in Canada of almost any or every description of novelty and toilet accessory, stationery and traveling convenience, besides being agents for the well-known and perfect-fitting Hays-Green ready-made uniforms.

The J. F. Hartz Co. are another firm well known to physicians and

nurses, not only for the extensive and varied resources of their catalogue, but for their courtesy and prompt attention to business matters. It seems indeed as if almost every article of Hospital equipment, from an operating table to a temperature chart, were procurable from the Toronto offices of this most enterprising company.

Nurses in Upper Canada have certainly the advantage of being within reasonable shopping distance of the most notable contractors, Ingram & Bell, the well-known surgical provisioners—another Toronto firm—while in Montreal we find the Canadian agency of Messrs. Burroughs & Welcome, and if there are any nurses in Canada unfamiliar with the marvellous constructions of this world-famous firm, they should certainly no longer delay in procuring some samples of their "tabloid" novelties. The miniature "nurses' traveling companion," a unique combination of tea tabloid, and saccharine tabloid, in separate phials, enclosed in a tiny case, is deserving of especial mention—an invaluable possession, and should be in the purse-pocket of every traveling invalid or nurse, since water and milk are procurable almost everywhere.

Uniform material, Sister Dora caps, and other details of nursing outfit, at one time so difficult to procure in the smaller cities, are now obtainable at the larger outfitters of almost every Provincial capital, and the addresses of some of these stores may prove of service to nurses situated in some more or less isolated locality.

In British Columbia—Victoria, Vancouver, New Westminster, and Nanaimo have all their well equipped stores and department stores. The David Spencer, Limited, of Victoria, perhaps one of the oldest-established and best-known of merchants, has always administered extensive departments. Weiler Bros., of Victoria, also advertise amongst their furnishings such conveniences as portable rubber baths, at most reasonable prices.

Messrs. Manchester, Robertson & Allison, of St. John, is one of the most notable of New Brunswick firms. Wood Bros., of Halifax, where one need never be at a loss for any Bond St. or Broadway novelty, is a boon to all Nova Scotians.

For chemists' supplies, the stores of the National Drug Company make wholesale provision from the Atlantic to the Pacific; also the Rexall stores, which are so well represented by efficient retail departments in almost every town in the Dominion. Rexall toilet articles, especially soaps and perfumes, have become so popular with the nursing profession that we find a liberal discount is often accorded to regular customers.

NOVA SCOTIA PROVINCIAL EXAMINATION FOR NURSES

October, 1914.

A.—Anatomy and Physiology—

1. Name the bones of the lower extremity and draw a rough diagram showing their relations to each other.

2. Describe briefly the anatomy of the heart.

3. Define Antiseptic. Name six. Give antidotes for carbolic acid.

4. Give dose of (a) Morphine sulphate.
(b) Strychnine sulphate.

Give the signs which would enable you to recognize an overdose in a patient.

5. Describe the part played by the Pancreas in the process of digestion.

6. What are the functions of the skin?

7. Describe the assimilation of fats.

B.—Obstetric, Gynæcological and Surgical Nursing—

1. How would you recognize when labor has begun? Describe how you would prepare the patient and her bed for labor?

2. Give important points in connection with your care of the patient and infant during the first week after labor.

3. Describe how you would prepare a patient for a laparotomy. Why is this preparation important?

4. How would you pass a catheter? What are the dangers, and how would you prevent these?

5. What precautions would you take in giving a vaginal douche? What are the dangers?

6. How would you make a two-quart solution of carbolic acid (1-40); or hydrarg. bichlor. (1-4000)?

7. Describe briefly how you would dress a septic wound, day by day.

C.—Medical Nursing—

1. Describe the difference between haemorrhage of the lungs and haemorrhage of the stomach.

2. Define the terms: Lysis and crisis.

3. Describe the symptoms of uremia.

4. What precautions should be taken in the care of the mouth of a typhoid patient, and why?

5. What precautions would you take to guard again bedsores, and in what diseases are they most liable to occur?

6. In taking the pulse, what characteristics should be recorded?

D.—Nursing of Children—

1. What are the most common causes of convulsions in children, and what would you do before the arrival of the physician?

2. What symptoms are common in the outset of the three prin-

cipal contagious diseases in children? Differentiate the rash of two of them, and state time of appearance.

3. Give some of the causes of mortality in children.

E.—**Dietetics**—

1. Classify foodstuffs and give an example of each.

2. How would you prepare beef broth? What cuts of meat make the best beef broth, and why?

THE CANADIAN NURSE EDITORIAL BOARD.

The third annual meeting of The Canadian Nurse Editorial Board was held at 295 Sherbourne street, Toronto, on November 25, 1914, at 3 p.m. There were present the President, Mrs. W. E. Struthers, in the chair; the Secretary-Treasurer, Miss M. E. Christie; Miss E. J. Jamieson, Miss Ewing, Miss Stubberfield and the Editor. Letters expressing regret at inability to attend were read from Miss E. H. Freeland, Montreal; Miss Judge, Vancouver; Miss Regan, Port Arthur; Miss A. M. Ross, now of Edmonton; Miss Kirke, Halifax; Miss G. E. Nourse, Sherbrooke, Que; Miss MacKenzie, Ottawa, and Miss Morton, Collingwood.

Miss Christie's report was as follows:

Financial Statement—November 1, 1913, to October 31, 1914.

Receipts.

By Balance November 1, 1913	$ 3.36
" D. O. McKinnon, as per agreement	316.63
" Central Registry	5.00
" The Canadian Nurse Fund subscriptions	7.50
	$332.49

Disbursements.

To Postage	$ 2.00
" Expense	9.05
" Printing	14.00
" Editor's salary	250.00
" Editor's telephone	9.00
" Editor's postage	28.29
Balance October 31, 1914	20.15
	$332.49

Examined and found correct,
M. R. SORLEY.

Mr. McKinnon sent a statement of the revenues of The Canadian Nurse for the past year.

Business carried by The Canadian Nurse from November 1, 1913, to October 31, 1914:

	Advertising.	Circulation.
November	$ 180.07	$ 100.84
December	183.06	241.65
January	168.37	216.92
February	173.34	168.22
March	174.56	133.31
April	184.16	140.50
May	171.50	115.00
June	174.08	127.20
July	186.38	88.11
August	178.65	67.75
September	176.18	95.31
October	166.59	79.75
	$2,116.94	$1,574.56

The total revenue for the year is $3,691.50. This is an increase over last year of $329.50.

Mr. McKinnon did not submit a statement of the expenditure to place over against this, so that the profits might be estimated.

The main business under consideration was the proposal of The Canadian National Association of Trained Nurses to take over the control of The Canadian Nurse. There was a strong desire to facilitate the transfer, for we are all members of the Canadian National, and the proposed transfer has been the objective of the Board from the inauguration of The Canadian Nurse.

The committee of the Canadian National in charge of the plans for the taking over of the magazine met with the Board by invitation of the President, and was put in possession of all available information. To further facilitate the work of the committee it was asked to submit a list of questions that the Board might render all the assistance in its power to this work. The Board and the committee continued the discussion over a cup of tea, after which the committee retired.

The Board decided to secure legal advice as to the proper means of transfer, etc.

The election of directors for the ensuing year resulted in the appointment of Mrs. Struthers, Miss M. E. Christie, Miss Gunn, Miss Robinson and Miss McNeill. Later Mrs. Struthers resigned and Miss Lennox was appointed a director.

THE GRADUATE NURSES' ASSOCIATION OF ALBERTA

The annual convention of the Graduate Nurses' Association of Alberta was held in First Presbyterian Church, Edmonton, on Tuesday, October 13, 1914. The attendance was not as good as expected, as many of the nurses were on duty. The Provincial Association now includes only the Associations of Calgary and Edmonton, and the

question of promoting the organization of local associations wherever there were nurses enough to support an association was discussed.

In her presidential address, Mrs. Armstrong said: "While the association has been carried on under a system of individual membership, it seems that efforts should be made to organize local associations in towns that are large enough to support them, with the end in view of having these local organizations affiliated with the Provincial Association and the membership fees worked out upon a per capita system, for the collection of which the local association would be responsible." The general temper of the meeting was to try to develop this consideration into a practical reality.

Submitting her annual report, Mrs. Armstrong emphasized the value of unity in work. It was with this end ahead that the Association was striving for Registration—to obtain an official standard of work, which at present does not exist. There is nothing now, according to Mrs. Armstrong, to prevent a girl with nothing but a diploma from a Chicago correspondence school of nursing to come in this province and obtain work meant for skilled, efficient women. Another subject touched upon was the effort made by the local association to secure volunteers to go to the front. Although seventeen trained women volunteered, the venture was without fruit. At the same time, the President remarked that official news had come from the Old Country that 40 nurses, English women, had been sent home again because there was no call for them. Most of the Canadians, says a Canadian in London, are being placed in the Canadian hospital erected there.

The President read a letter from Mr. Davidson, of the Welfare League, asking for volunteer work among the needy poor and soldiers' families of the city. The services of local nurses were solicited. Already a goodly number have responded to the call. It has been arranged that no nurse will be called upon more than once, her duties to take no longer than one hour at each time. This benefit work, it is understood, must not interfere with professional duties, to which the nurse may go on peremptory call.

Miss McBride, graduate of Belfast Hospital, read an interesting paper, in which nursing in the Old Country and in Canada were compared. It was a delightful effort, followed by a vote of thanks.

The proposed Registration Bill was discussed, Miss McPhedran, convener of the Legislation Committee, leading, and the members were unanimous in upholding it.

The most important clauses are:

Every person who possesses the following qualifications shall, upon complying with the requirements hereinafter stated, and upon payment of the sum of ten dollars, be entitled to be registered as a member of the association, on producing to the registrar documents and evi-

dence satisfactory to the council, proving such qualifications:

(a) Residents of this province practising the profession of nursing in this province, who are graduates of training schools approved by the council, or who are registered as trained nurses in any other province which has substantially the like requirements as this province; and

(b) Are of good moral character, and

(c) At least twenty-one years of age; and

(d) Have received such preliminary education as may be determined necessary by the senate of the University of Alberta; and

(e) Have passed such examination as required by the senate of the University of Alberta.

All examinations and matters pertaining thereto under this Act, shall be determined by the senate of the University of Alberta and conducted by and under the direction of the senate of the University of Alberta, who shall appoint examiners therefor.

That this Act is meant to affect only registered graduate nurses is definitely shown in the following clause.

This Act shall not be construed to affect or apply to the gratuitous nursing of the sick by friends or members of the family, nor to any person nursing the sick for hire who does not in any way assume or pretend to be a registered nurse.

On the grounds that what is everybody's business is nobody's business, two committees were formed to act as channels through which the doctors' cooperation might be universally enlisted. The personnel of the Calgary committee is as follows: Miss McPhedran, Mrs. Fisher and Miss Patterson. The Edmonton committee is to include Mrs. Colin Campbell, Miss Morkin, and Miss Gray.

Miss Walsh read an excellent paper on "Woman's Sphere."

Nursing she described as long evolution. The Registration Bill, Miss Walsh asserted, set the standard of nursing higher in Alberta than elsewhere. It sought to develop ideals of efficiency. All felt that nurses should be graduates of hospitals containing fifty beds. This was a highly commendable step, considering that Major Hart, assistant medical director of Canada, has made this a condition in the case of volunteer nurses who wished to go to the front. "The end of the bill stands for efficiency, and the public realizes this." Miss Walsh was tendered a hearty vote of thanks.

In so much as it is possible for tongue to sing the magnitude of Florence Nightingale's noble work for suffering humanity in the Crimean War, Dr. J. P. MacDonald rose to the occasion. Tracing her early life from her first days in her native Italy and in her beautiful Derbyshire home in England; dwelling upon her cultured parents, her pristine bent towards the relief of suffering, her accomplishments, he

led his audience to the supreme test of her life in Scutari, during the battle of Inkerman, and subsequently. It was here that "The Lady with the Lamp," as she has been lovingly called, showed her marvellous gift of organization, her generosity of character. A pen picture was drawn of the unspeakable sufferings there—agony, misery, starvation, infection—until the arrival of Florence Nightingale and her faithful band—14 English Church nurses, 10 Sisters of Mercy, and 14 others, dying nursed dying. Her generosity in devoting the gift of the British nation of $250,000 to the building of King's College and St. Thomas Hospital Training School was touched upon. The parts the deaconesses at Kaiserswerth and the sweet faced Sisters of Mercy in Paris played in her life were referred to. Honored and worshipped by all, Florence Nightingale, one of the noblest creatures cast in feminine mould, passed away in August, 1910.

The vote of thanks tendered Dr. MacDonald was accompanied by spontaneous applause.

The officers for 1914-15 are as follows:

President—Miss McPhedran, Calgary.

First Vice-President—Mrs. Armstrong.

Second Vice-President—Miss Edy, Calgary.

Recording Secretary—Miss Rutherford, Calgary.

Corresponding Secretary—Miss Morkin.

Treasurer—Miss Patterson.

The Executive Committee will include Miss Walsh, Miss Hunter, Mrs. Samuels, Miss Hereund, Calgary; Miss McKay, Calgary.

The Legislative Committee will include Miss Martha Morkin, convener; Mrs. Armstrong, Miss Walsh, Mrs. Lee, Mrs. Hewgill.

Press Committee—Miss Rutherford, Calgary; Mrs. Colin Campbell, Miss Hunter.

Graciously expressing her appreciation to the assemblage when Mrs. Colin Campbell tendered the President on their behalf a vote of thanks, Mrs. Armstrong's au revoir to the nurses was "Be not ministered unto but minister unto others."

The Graduate Nurses' Association of Edmonton entertained the visitors at luncheon at the "Hudsonia."

UNIVERSITY OF MANITOBA EXAMINATION FOR NURSES' REGISTRATION, SEPTEMBER, 1914.

MEDICAL NURSING.

(N.B.—Answer Any Ten Questions.)

1. What observations would you record in nursing a case of typhoid fever?

2. What considerations would guide you in the selection of the "sick-room"?

3. What measures should the nurse adopt to prevent the spread of infection in a case of pulmonary tuberculosis?

4. What measures could a nurse employ to relieve sleeplessness?

5. How would you disinfect the patient and sick room after scarlet fever?

6. By what different methods are medicinal agents introduced into the system? Give examples of each.

7. Outline your method of giving a hot-pack.

8. What emergency treatment could a nurse employ in case of haemorrhage (a) from stomach, (b) from lungs, (c) from bowel?

9. Briefly outline the general care of a child ten years of age having an acute contagious disease. Include diet.

10. Mention some of the more generally used emetics, giving their doses.

11. Give the antidotes for carbonic acid and for bichloride of mercury.

12. What preparations should a nurse make for catheterization of a patient?

13. Describe a test breakfast, and what preparation is required for stomach lavage?

SURGICAL NURSING.

(N.B.—Answer Any Ten Questions.)

1. Name the organs in the thoracic cavity and those in the pelvic cavity.

2. How would you prepare a room and the patient for appendectomy in a country house?

3. State the normal pulse, respiration, temperature and amount of urine for a man.

4. Tell what is the purpose of the circulation of all the blood through the lungs.

5. Describe your care of the wound in a case where gall stones have been removed and a drainage tube is left in.

6. What is the difference between a simple and a compound fracture?

7. A patient has sustained a compound fracture of the middle third of the femur, accompanied by haemorrhage. How would you prepare him for removal to a hospital ten miles distant?

8. Name the complications and accidents liable to occur in a clean laparatomy during the first three days.

9. What is meant by: (a) a high enema, (b) a low enema?

10. Give the technique of catheterization of a female, with precautions to be observed.

11. Why should a dressing be reinforced if the discharge comes through?

12. Define: sepsis; asepsis; antiseptic; deodorant.

13. What should the nurse have prepared for a case requiring intravenous injection of saline solution?

OBSTETRICAL NURSING.

(N.B.—Answer Any Ten Questions.)

1. Tell how you would prepare for delivery in a private house: (a) the room, (b) the bed, (c) the patient.

2. Give the average duration of pregnancy, and tell how you would calculate the date of labor.

3. What directions would you give a pregnant woman with regard to the following: (a) diet, (b) clothing, (c) exercise?

4. Give the symptoms of and outline your duties in the first stage of labor.

5. Care of breasts: (a) in pregnancy, (b) during the puerperium.

6. Give your prevention and treatment of post partum haemorrhage.

7. A child does not cry at birth. What would you do?

8. Cause, symptoms and treatment of opthalmia neonatorum.

9. A puerperal woman has a chill with high temperature and rapid pulse on the third day. Name the various things it may be due to.

10. What are the warning symptoms of eclampsia? Tell what you would do in case a fit came on.

11. Name some symptoms that you would consider as danger signals during pregnancy.

12. What change takes place in the lochia during the first week?

13. What is: Mastitis; liquor amnii; vernix caseosa; quickening fontanelle?

The Pacific Coast Journal of Nursing makes the suggestion that Superintendents of Training Schools make arrangements whereby graduate nurses may have the privilege of attending lectures given to pupils. This would give graduates an opportunity of keeping abreast of the times in particular branches. A proper charge for such privilege could be arranged, and would, doubtless, be gladly met.

The suggestion is a good one and worthy of consideration.

"How Nurses May Contribute toward a Hospital's Success" is discussed in an interesting way by Miss Amy Beers, Superintendent Jefferson County Hospital, Fairfield, Iowa, in *The Modern Hospital* for November. Some of her points are: "The personality and professional training of the graduate nurses who assist in the management are to be considered." "The qualifications of candidates for admission into

the training school should be carefully studied." Personal interviews are recommended, in order to exercise good judgment in the final selection of pupils. The hospital should provide complete training with proper supervision.

It is highly important that the members of the medical staff have equal privileges, and are kept informed regarding the hospital equipment and the advantages offered for scientific work. Aim to follow their orders and refrain from any criticism of their methods, for often this is the source of much dissatisfaction.

Too much care cannot be given to the thorough instruction of the nurses in ethics and hospital etiquette, and their personal responsibility in helping toward the success of the hospital. Indiscreet behaviour will reflect directly on the hospital and undo the results of many months of well-directed efforts. Have them imbued with the sentiment that their future success is dependent on the status of the hospital from which they graduate.

During the last six months of the senior year, if special classes are conducted in advanced nursing topics, with reference to administrative work, and a course of reading outlined, thereby assisting the students to find the line or field suitable to them and fitting them specially for it, their enthusiasm and loyalty for the hospital will become fixed, and they will develop into valuable workers. Each graduate from the training school should be an educator.

They meet people in their homes in an intimate manner, and are constantly being consulted on the advisability of entering the hospital for surgical operations, obstetrical delivery, chronic troubles, treatments, and even x-ray and laboratory work.

The superintendent of the hospital might keep in close touch with the outside graduate nurses and the school nurses, unconsciously securing their hearty co-operation, by establishing a registry at the hospital, making no charge whatever. The doctors are very pleased to have some definite place from which to secure a competent professional nurse, and it is convenient for the nurses to keep the hospital superintendent informed as to their whereabouts. The registry's usefulness to the nurses may be extended by furnishing supplies to them at hospital prices, renting certain articles that are expensive and not often required outside of the hospital; in short, making a hospital bureau for the nurses.

By calling the outside graduate nurses to the hospital for "special" cases, the superintendent can learn of their ability and can interest them by explaining all the new methods and equipment, by discussing nursing affairs in general and local conditions in particular —then they are inclined to use their influence wisely. Another way to attract their interest and to keep them enthused for the hospital

is to organize a club and include the graduate nurses in the hospital; have monthly or quarterly meetings at the nurses' home and prepare short, interesting programs, followed by light refreshments and music. The discussions should be open, and a report of the adverse criticisms they have heard regarding the hospital will prove of value, and future trouble may be averted. In order to have the meetings well attended, they must be of benefit to the graduate nurses, and this will require the expenditure of some time and energy. The professional journals will be a great aid in making up the programs; the history of interesting and unusual hospital cases might be cited, always omitting the patients' and doctors' names; any discovery or invention that assists in the nursing care; any new books or publications for nurses; any national or state movement associated with nursing affairs; practical demonstrations of new methods of procedure in nursing treatment; even amusing incidents and errors happening in the hospital might be permitted, if related in an entertaining manner, as a variation.

Promptly discourage any discussion of the patients by the nurses, either inside or outside of the hospital, but help them to form the habit of telling the impersonal points about their work and the strides forward in their profession in such a way as to attract the interest of the people to the extent that they will consider the hospital worthy of their assistance, and consequently circulate favorable reports concerning its usefulness.

Third, the graduate nurses of the district have a wonderful influence, which may be directed either for or against the hospital, but with tactful management may prove of inestimable value.

"In life's small things be resolute and great
To keep thy muscles trained. Know'st thou when Fate
Thy measure takes, or when she'll say to thee,
'I find thee worthy, do this thing for me'?"

Editorial

THIS NUMBER

A Nova Scotia member of the Editorial Board suggested that each Provincial Association be made responsible in turn for the material for a certain number of pages. The Directors approved of the suggestion, and the Graduate Nurses' Association of Nova Scotia was given the first opportunity to carry this plan into effect. This Association responded with the first six papers in this number.

We are hoping that the different Provincial Associations will follow the good example set by Nova Scotia. This plan will, we believe, develop a greater interest in "The Canadian Nurse" and help each nurse to realize the duty of supporting her own magazine and assisting in its development.

THE INTERNATIONAL CONGRESS

The International Congress, planned for May 31st—June 5th, 1915, at San Francisco, which has long been looked forward to by many nurses in the different countries of the world, is now likely to be indefinitely postponed.

The National Council of Great Britain and Ireland has sent a recommendation to the Executive of the International advising that the Congress be postponed till 1916 or later. Other countries have signified their inability to send delegates. The Canadian National Association feels unable to send any representatives and has withdrawn from the Congress.

The Executive of the International, at its January meeting, will, therefore, likely decide on the postponement of the Congress. To take this step will be very disappointing to this Executive, for its splendid preparations for the receptions of its guests were all but completed. But the terrible war has made it impossible for the nurses of so many countries to give any attention to anything but the work at hand. Some nurses are busy at the front. Nurses everywhere are giving of their time and means to help relieve the suffering and distress resulting from the war and the resulting industrial disturbance.

Definite information about the Congress will be available for the March issue.

At the last moment definite information has been received that the International Congress has been postponed.

The Guild of Saint Barnabas

CANADIAN DISTRICT

MONTREAL—St. John Evangelist, first Tuesday Holy Communion at M. G. H., 6 15 a.m. Second Tuesday, Guild Service or Social Meeting, 4 p.m. Third Tuesday, Guild Service at St. John's, 8.15 p.m. Last Tuesday Holy Communion at R. V. H., 6.15 a.m.
District Chaplain—Rev. Arthur French, 158 Mance Street.
District Superior—Miss F. M. Shaw, 91 Ontario St. W.
District Secretary—Miss M. E. Wand, 259 Peel St.
TORONTO—Nurses' Residence, H.S.C. last Monday 8 p.m.
Chaplain—Rev. D. L. Owens, 10 Trinity Square.
Superior—Mrs. Goldwin Howland, 538 Spadina Ave.
QUEBEC—All Saints Chapel, The Close. Guild service, fourth Tuesday 8.15 p.m.
Chaplain—The Very Rev. the dean of Quebec.
Superior—Mrs. Williams, The Close

During the season 1914-1915 the Montreal Branch of the Guild of Saint Barnabas has arranged to hold two meetings each month. One of these is being held, as heretofore, on the third Tuesday of each month, at 8.15 p.m., in the Church of St. John the Evangelist. After the service, with address, tea is served in the Guild Room of the Parish House. The other meeting, on the second Tuesday, is held at half-past three in the afternoon in St. John's Parish House. This meeting is especially intended for members who are on night duty or doing private nursing and unable to attend an evening meeting. Of course, any member is heartily welcome to attend. As this is a time when none of us have—or ought to have—idle moments, the members bring their Red Cross Work or work for the Belgian Refugees or our own poor. After tea the Guild Office, without address, is said in the church. Many of the members remain for the usual daily evensong at five o'clock. At one of the recent meetings we were all intensely interested in some letters from nurses in France. One of our members kindly brought these and read them to us. They were very vividly written and brought home to one the awful suffering of the wounded in this terrible, terrible war.

THE GRADUATE NURSES ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck,

---

The Hamilton Chapter of the G.N.A.O. held an informal social evening on December 11th, in the Nurses' Club, 137 Catherine Street North. There were a number of nurses present, all busily engaged in sewing and knitting for the soldiers. Refreshments were enjoyed later in the evening.

The first regular meeting of the Kingston Chapter of The Graduate Nurses' Association of Ontario was held at the Oliver Mowat Hospital, the first week in December, with Miss Milton in the chair. About twenty-six nurses were present. Miss Hiswek read a paper on the work of the chapter, which was discussed. After the business meeting, Miss Bass, Superintendent of the hospital, invited her guests to the dining room, where a delightful tea was served. All thoroughly enjoyed themselves and voted the first Chapter meeting a grand success, and Miss Bass an ideal hostess.

Word has been received from the Kingston nurses in France. They are doing twelve-hour duty in a base hospital and are finding the work very enjoyable.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 43 Argyle Ave.

Vice-Presidents—Mrs. Petrie and Miss Dunlop.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading room—The Lindsay Bldg., Room 319, 517 St. Catherine St. West.

The Red Cross Group resumed their work on Tuesday afternoon, after a two weeks' holiday.

Miss Ferrier, we are glad to report, has recovered from her recent illness.

Mrs. Petrie is at present in Salt Lake City.

The monthly meeting of the Association was held on Tuesday evening, January 5th, at 8 o'clock.

It was the first time our President, Miss Phillips, had been present since her long illness, and her entry was greeted with hearty applause.

Dr. Springle delivered a lecture on Brain Surgery, which was most instructive and interesting, the slides adding to it in every way. He said that operations on the brain were among the earliest known. They were performed in the Argentine Republic in pre-historic times—in some cases as a religious rite—and with the Romans, trephining and trepanning were resorted to in ancient days.

At one time 25 p.c. to 50 p.c. of these cases proved fatal, but now 60 p.c. to 75 p.c. recover.

Cases of Tumor were far more difficult than Traumatic cases.

In the former, larger sections have to be opened, and the Tumor may burst, causing instant death.

A nurse, representing Horlick's Malted Milk Co., demonstrated in a most practical way that delicious ice cream could be made from the milk. She distributed pamphlets, sample bottles of milk, and patent mixers freely. After partaking of the ice cream and cake the members dispersed.

The hospital at Quesnel, B.C., has had a very successful year, and the board are making plans for enlarging the building.

A V.O.N. Country District was opened in Jedburgh, Saskatchewan, in November. Miss Grigg is in charge.

Country districts are being opened on January eighth in Paynton, Sask., and Sandwith, Sask. Miss Pidgeon, who has just completed her course in Vancouver, is in charge of the former; Miss Skuse, of the Ottawa Training Centre, of the latter.

The new districts in Owen Sound and Woodstock, Ont., are doing well. Miss Barrie is in charge at Owen Sound, Miss Matthews at Woodstock.

The Lady Minto Hospital at Chapleau, which was opened early in 1914, is one of the most complete little hospitals in Canada. Miss McKinnon is the Matron and has as her assistants Misses Hollick and McGrath. During the inspection visit of the Chief Superintendent a Hospital Aid was organized, and the ladies have started in to work very enthusiastically for the hospital.

Miss M. Boswell has charge of the Hospital Social Service Department of the Western Hospital, Montreal. This department is supported by the Westmount V.O.N. Local Association. The reports of the work done are most interesting.

A second nurse has been added to the Sherbrooke district nursing staff.

The Truro, N.S. district committee are employing a second nurse and will look after the school nursing and nursing in the country districts in the vicinity of Truro. Miss Mosher has been appointed to assist Miss Morrison.

Miss Dodds has succeeded Miss Parke as Matron of the Queen Victoria Hospital at North Bay, Ont., and Miss Dorway has been appointed her assistant.

The Victorian Order nurses in Dundas, Gravenhurst, Bobcaygeon, Hespeler, Truro, Roblin and Jedburgh are doing the School Nursing in their districts.

HOSPITALS AND NURSES.

Ontario

The annual meeting of the Public Health Nurses' Association of the Department of Health, Toronto, was held on October 7th, 1914, in the City Hall. The officers for the coming year were elected as follows: President, Miss Fellowes; vice-president, Miss Norah Moore; secretary, Miss Wells; treasurer, Miss Marjory Gardner; directors, Miss Dyke and Miss Jessie Woods; press representative, Miss Neilson.

Dr. Hastings addressed the meeting, laying particular emphasis on the responsibilities of the nurse in public health matters.

In the year that has closed and in the one that is to come, an effort has been made and will be made to secure for the meetings of this association speakers on various subjects in connection with the nurses' work. A glance at the programme will show the broad scope of the subjects treated. As well as talks on tuberculosis, infant welfare work, pre-natal work, the problem of the feeble-minded, quarantine rules and regulations, the nurses will have addresses on municipal government, relief work of the different charitable organizations, vital statistics, and many other subjects.

Mrs. Bell entertained the Toronto Western Hospital Alumnae Association to a musicale at her home on the evening of January 8th.

Miss Clara Fell, graduate of Toronto Western Hospital, who has been nursing in Moose Jaw, Sask., is visiting her home at Orillia and with Toronto friends.

Miss Laura Hanham has been appointed Assistant Superintendent of the General Hospital, Pincher Creek.

Miss Lillian Dixon and Mrs. Malcolmson have been appointed investigators by the United Relief.

Miss Eldred Neelands spent a few days in the city on her way to Philadelphia to take a course in anaesthetics, also a course in the Boston Maternity Hospital, previous to returning to her duties in Bela-Bela, B. C.

Mrs. Reynolds invited a few of her friends to the Club on Wednesday afternoon, November 25th, to sew for the soldiers. A goodly supply of pneumonia jackets, flannel bandages, and housewives was made. Afternoon tea was served.

The nurses at the Club have been busy sewing and knitting and making hospital supplies and comforts for our soldiers. Two large boxes were sent off early in October.

Collingwood—Miss Rainey and Miss McCulloch spent Xmas at their homes in Barrie, while four of the other nurses spent the day on duty.

Miss Shaw spent New Year's at her sister's, in Hamilton.

Miss Baker, a former Superintendent of a mission hospital in

Saskatchewan, owing to ill health, has returned to her home for an indefinite period.

Miss Robinson, Superintendent of Midland Hospital, spent New Year's Day at her home in Collingwood.

Miss Redmond, former Superintendent of Owen Sound Hospital, was married to Mr. Richard Corbet on Wednesday the ninth of December, at St. John's Anglican Church, Toronto. After January 1, 1915, they will reside at 848 First Avenue West, Owen Sound.

The Collingwood Alumnae Association wishes "The Canadian Nurse" and all its readers every success in the coming year.

It was an entirely pleased and hope-impressed representation of the membership of the Alumnae Association of the Hospital for Sick Children, Toronto, which emerged from the "Social Evening," held on the evening of Dec. 10th last, at the Nurses' Club, Sherbourne Street. The President, Miss Teeter, received. Admiration of the beautifully-arranged table, schemed in golden 'mums and feathery green, was as generally expressed as was the more practical commendation of the tasty refreshments displayed thereupon. What was left of the nice things to be said by the fortunate guests went generously to those participating in the musicale. Recitations were interspersed, of which Miss Galbraith held capable charge. Besides Miss Potts, Superintendent of the H.S.C., Miss Crosby, the gracious "Hostess of the Club," made everyone feel welcome and happy. Mrs. Canniff poured tea, ably assisted by the officers. On every hand one heard the greatest praise for the pictures and furnishings of the cosy clubhouse.

Previous to the music, there was a meeting of the Association's executive to arrange for their Christmas cheer. It was decided to set aside the following amounts: Hospital for Sick Children, $10.00; Children's Aid Society, $5.00; Infants' Home, $5.00; Hospital for Incurable Children, $5.00.

Successful as was the Alumnae's Christmas function, and productive of much pleasure among the members, those who met and parted under such happy auspices are trusting that for future Alumnae events there will be even a larger attendance. There were about fifty present.

Peterboro—The annual meeting of the Nicholl's Hospital Alumnae was held at the home of Miss M. A. Ferguson, 476 Bon Accord St., on Friday afternoon, November 6th, 1914. The following officers were elected: President, Mrs. M. K. Douglas; first vice-president, Miss Brown; second vice-president, Miss E. Davidson; secretary, Miss Fanny Dixon, 501 Water St.; treasurer, Miss Walsh, Nicholl's Hospital; "The Canadian Nurse" representative, Miss M. A. Ferguson.

The five last graduates were received into membership.

Mrs. M. K. Douglas and Miss Frances M. Smyth, one of the last

graduates, left for Quebec Military Hospital on New Year's Eve.

Mrs. Vant (Miss Irene Walton), class '98, Nicholl's Hospital, now of Nelson, B.C., has been visiting friends in Peterboro.

The St. Michael's Hospital Alumnae Association held a business meeting at the hospital on Monday, December 14, 1914. There was a fairly large attendance. The Association decided to use part of their funds for the relief of the poor of the city, and the President kindly consented to attend to the cases reported to her.

The many friends of Miss Anna Doig, a graduate of St. Michael's Hospital, will be glad to hear that she has quite recovered after her operation for appendicitis.

The Booth Wing of St. Luke's Hospital, Ottawa, being completed, the formal opening took place December 7 and 8, 1914.

The Children's Ward and play-room, furnished by the May Court Club, and the sunroom adjoining, furnished by Mr. and Mrs. Duncan Scott, in memory of their little daughter, were opened by H.R.H. Princess Patricia Monday afternoon, December 7th. The new wing also contains two public wards and sixteen private rooms.

Mrs. Edward Seybold and Mr. Lumsden each provided the furnishings of a public ward. These were opened Tuesday afternoon, December 8th, by H.R.H. The Duke of Connaught.

Mr. J. R. Booth, the donor of the new wing, was sufficiently recovered from his accident to be present also.

At the close of the proceedings the Ladies' Auxiliary entertained the guests at tea. The following evening the Ladies' Auxiliary and the Medical Staff gave a dance for the nurses.

The Training School has been increased from 28 to 50 nurses.

As usual, the patients in St. Luke's were made as happy as possible at Christmas time. Each child received a well-filled stocking.

Three St. Luke's nurses are now at the front.

Through the members of the Graduate Nurses' Association of Ottawa and their friends, about 130 of the very poorest children had a happy Christmas. Each child received a pair of warm stockings filled with good things. The stockings were sent to the Salvation Army for distribution.

The annual meeting of the Ottawa General Hospital Alumnae was held at the hospital, Water Street, on Monday, January 4, 1915. A large number were present, and the reports of the secretary and treasurer were most gratifying.

Miss Davidson's singing was greatly enjoyed by all. At the close of the meeting Sister Josaphet kindly entertained the members at tea.

The officers for 1915 are: President, Mrs. Vaughan; vice-president, Miss E. Burke; secretary, Miss Redmond; treasurer, Miss Hall.

On Christmas Eve the nurses of the Protestant General Hospital,

Ottawa, were given a supper by the Auxiliary of the Hospital. Dancing and music made the evening very pleasant, and helped some to forget their homesickness. A cheque of fifty dollars for sleigh drives and entertainment was presented to the nurses by the members of the House Committee. The patients in the hospital, public, private and semi-private, and all domestic employes, were each given one or two useful gifts by the Hospital Santa Claus (the Ladies' Auxiliary). The Children's Ward was beautifully decorated by a committee from the May-Court Club, who also provided a tree and presents for all the little ones. A real live Santa Claus distributed the gifts, to the delight of all those who were well enough to enjoy it. A Victrola, loaned for the day by one of the Ottawa firms, furnished music for all the wards, which was very much enjoyed by the patients. The nurses sang carols in the early morning as they walked through the corridors from the top to the lower floors.

Miss Elsie McKinnon, Head Operating Room Nurse, visited her home in Arnprior, Ont., New Year's Day.

Miss Margaret Macdonald, Assistant to the Superintendent of Nurses, visited her home in Perth, Ont., Sunday and Monday following New Year's Day.

Miss Caroline Catton, Assistant Superintendent of the Maternity Hospital, visited friends in Huntingdon, Que., during New Year's week.

Miss Myra Goodeve, 1913 graduate of the Lady Stanley Institute Training School of the Protestant General Hospital, writes enthusiastic letters on her work and experiences as Superintendent of the Bulford Manor Hospital, for soldiers on Salisbury Plains. "1,000 patients tonight—600 in tents, 200 in one place five miles from here, 50 in another four miles away, 25 in another three miles away, and the balance distributed among three houses here. I have 41 nurses; one nursing sister who is an M.D., as anaesthetist; and one nurse to take care of the nurses' home." Miss Goodeve travels in a motor car when inspecting her hospital units each day.

The Ottawa Graduate Nurses' Association held a Dolls' Bazaar in the new club rooms, 93 Fourth Avenue, in December, when one hundred and fifty dollars was cleared. This will be added to the Nurses' Benefit Fund.

Quebec

The Alumnae Association of the R.V.H., Montreal, held a sale of useful and ornamental articles and candy on the evening of December 9th, in the Nurses' Home. The proceeds were added to the Sick Benefit Fund. The sum realized was three hundred and sixty-two dollars. A very handsome quilt, which had been donated, was raffled, and brought up the sum total to four hundred and twelve dollars. There were a great many present and a pleasant social evening was spent.

Miss Roberts sang and recited, and Miss Glendinning also sang. Refreshments were served during the evening.

Miss Freda Graham, who has charge of the hospital at Charlottetown, P.E.I., is in Montreal for the holiday season.

Miss Kathleen Watson, Montreal, graduate of Ross Memorial Hospital, Lindsay, has been appointed Superintendent of the General Hospital, Kincardine.

New Brunswick

The regular meeting of the New Brunswick Graduate Nurses' Association was held on November 9, 1914. Only routine business was transacted.

Miss Edith Hegan, who recently returned from Germany, has volunteered her services as nurse for the front and has been accepted. Miss Hegan is awaiting further orders, but expects to sail with the Second Contingent.

Miss M. G. Williams is in Amherst, N.S., at present.

The New Brunswick Graduate Nurses' Association are revising their constitution and by-laws, this being necessary to meet the requirements of the National Association.

Miss Agnes D. Carson, R.N., graduate of the St. John General Public Hospital, who has been in Toronto attending a meeting of the Daughters of the Empire, has returned to her work in Detroit.

THE LITTLE BROTHER.

By Rene Norcross.

Mah Too lay back luxuriously against the bed-rest, and smiled at the big bunch of carnations on his locker, and the junior nurse, who had just settled him to her satisfaction, stepped aside for a comprehensive look, and smiled at him.

And certainly he made a pretty and striking picture with his jet black queue falling against the crimson nightingale that clothed his slim shoulders, and the white pillow as background to both.

Chinese patients were no novelty in the wards of the Metropolitan. Indeed, there was some inclination to regard them as unavoidable nuisances to be dealt with as kindly and patiently as possible, but Mah Too was an exception.

For one thing, he was a mere child, scarcely fourteen years old, and having only arrived in Vancouver from his native land one month before, knew hardly a word of English. Then his beautiful manners and shy gratitude for every attention would have won any heart, and finally, there was his astonishing prettiness, that could not fail to make

the appeal that physical beauty has always made since the days of the ancient Greeks.

It was a cameo-like little face, oval, and dusky white, not yellow.

The soft brilliance of the eyes under the delicate, well-marked brows, atoned for their oriental narrowness; the nose was aquiline, and the small, curved, crimson lips closed over perfect teeth.

Even Fenton, the orderly of the Men's Medical, whose natural feeling towards Chinese patients was that of a well-conditioned terrier towards rats, never passed Mah Too without a smile, and was careful to banish all the customary brusqueness from his tone when he spoke to him.

The carnations had arrived at the boy's table by a devious route.

A private ward patient, with more than she knew what to do with, had given a double handful to her pet nurse, who promptly halved with her special chum, the senior nurse of the Men's Medical, who took ten minutes out of her precious hour off to select the best vase from the scratch lot on the back shelf in the bathroom, and arrange the flowers in it to her fastidious taste before carrying them to Mah Too, feeling herself amply rewarded by the flash of delight that lit up the wistful eyes, and the whispered "sank-oo," with which they were received.

It was a fortunate thing that when the carnations were faded another of the nurses happened to have a bunch of roses to take their place, and that some beautiful poppies appeared mysteriously to succeed the roses, and so round to carnations again, for a Chinese cook's wages are limited even in that paradise for the Chinese, British Columbia, and Mah Soon had already mortgaged his future to Yip Sing, the rich silk merchant, by way of raising the heavy head-tax and the fare necessary to bring out the little brother. There had been a place all ready for him in the west end, where he could have earned his keep and a little over, till he, too, qualified as a cook, but the grim walls of the Metropolitan had closed on him in one short month, and Mah Soon, sitting beside his cot on visiting afternoons, stroking the languid little hand with wonderful lightness, found his bright hopes for the future growing dim and remote as the days passed and the oval cheeks of the little brother grew thinner, the eyes less brilliant, the smile more weary.

Others beside Mah Soon watched the change with forebodings. Mah Too's doctor frowned more every day over the boy's chart, and there crept into the manner of the nurses a certain special gentleness, differing in some subtle way from their customary brisk kindness, of which Kennedy, the heart case in Bed Four, who had seen the ward empty and refill twice, recognized the significance.

Everybody was very good to Mah Too. Dick, a boisterous ten-year-old, an unappreciated overflow from the crowded Surgical down-

stairs, lowered his voice and walked on tip-toe when passing the China-boy's bed, and was only prevented slipping surreptitious oranges under his pillow by lurid threats from the senior nurse; Kennedy sent his own visitors away earlier than they need have gone for fear their talk would rouse Mah Too out of a much-needed doze, and the best flower vase was kept constantly in commission.

It was about that time that the senior nurse of the Private Wards took upon herself to reprove her chum of the men's medical for failing to pay any attention to a particularly good joke at the nurses' dinner table.

"Worrying over cases when you're off duty doesn't help the case, and ends by cutting into your sick leave," she said, seriously. "A nurse can't afford to be too sympathetic."

"There's no danger of it, according to that woman who distributes tracts on visiting days," the other answered with a wry smile. "She told me the last time she was in that she would have taken a hospital training herself, only that it made women so callous to suffering."

"Well, of all the—"

"Oh, have you had that freak bothering you, too?" the senior nurse of the Men's Surgical broke in, before the other could finish.

"'Pon my word, I don't know why the authorities let her go around at large! Did I tell you that she got in to see poor Thompson the very day after his amputation—for all his bed was screened and 'No visitors allowed,' as big as a house pinned to it? I was doing a dressing at the far end, and Kelly was off for her hour, and she walked clean over the probationer, who did her feeble best to stop her, so the youngster came running for me. When I got there the Bunting woman was asking the poor wretch wasn't he glad to have that bad, wicked hand off—his right at that, mind you, and he with a wife and eight kiddies. I waltzed her out of there so quick it must have made her head swim; on the doorstep she got enough breath together to ask me if I knew she was responsible to the Lord for that man's soul. Told her I knew I was responsible to the doctor for his temperature, and while I was in charge of that ward she'd have to let the Lord look after his soul. Oh, we certainly get callous! I do like some people's nerve"

It was perhaps three hours later in the day, that Mah Soon, having vainly waited till the limit of the visiting hours in the hope that Mah Too would waken out of his restless, muttering sleep, waylaid the senior nurse on her way across the hall.

"Mah Too heap sick," he said abruptly; "you think him get better?"

The senior nurse was noted for the readiness and plausibility with which she could elevate a slender chance to the level of a strong probability, but even she had to have the chance to go upon, and, on

this occasion, her eyes wavered and turned aside from Mah Soon's, that looked, despite their smoky whites, wonderfully like the little brother's in their forlorn wistfulness, and because her glance fell upon Mah Too's chart, even the kindly meant evasion she was revolving in her mind suddenly became out of the question, and she was silent.

Mah Soon was no fool. Few of the Chinese who reach Vancouver are. He drew a long breath and turned as if to re-enter the ward, but checked himself and went slowly out into the sunlight, for his bossy-lady was giving a little dinner that night, and since Yip Sing must be paid, whether the little brother lived or died, this was no time for Mah Soon to find himself out of employment.

It was two days after that that Mah Too, wakening out of an uneasy sleep, turned and poured out a torrent of weakly vehement words to the man who had sat for an hour, silent and almost motionless, waiting for that moment. At first Mah Soon demurred and seemed inclined to argue some point, but as the little brother pleaded yet more earnestly, he nodded at last, and the boy smiled, and dropped off into a quieter sleep.

The senior nurse found Mah Soon awaiting her again in the hall.

"Mah Too say he go Chinatown," he announced, apathetically.

"But, Mah Soon!" the senior nurse made no secret of her startled disapproval, "he will be taken far better care of here."

Mah Soon nodded.

"Yes, I tell him, but he say, all time lonely, all time no sabbee talk. He say Chinatown heap good."

"I see, homesick; poor child. Well, I will tell the doctor, Mah Soon, and you can come to-morrow and hear what he says."

"I catchee hack, takee Mah Too," said the young man, and went his sorrowful way without further words.

"Confound it, that means halving what little time he has left," Mah Too's doctor said, rather savagely, when the senior nurse laid the elder brother's request before him next morning. "He'll be put into a six by eight hovel with an atmosphere you could cut with a knife and a jabber like a sawmill going on day and night."

"Perhaps that's what he misses," suggested the house surgeon at his elbow. "Anyway, they'll be kind to him, and I daresay he is homesick, poor little chap."

"Oh, yes, it's natural enough, and if he's bent on going we can't stop him, but I'm sorry. He may go, nurse," and the busy man slapped Mah Too's chart down with unnecessary force and hurried away to the next waiting patient.

There was a surprising amount of regret in the Men's Medical when it became known that Mah Too was going out. The junior nurse,

(Continued on page 112)

THE CANADIAN NURSE EDITORIAL BOARD

Newfoundland

Miss Southcott, Supt. Training School for Nurses, Gen. Hosp., St. John's.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

Cape Breton

Mrs. Lornay, Brooklands, Sydney, N.S.

Nova Scotia

Miss Pemberton, Supt. Restholm Hospital, Halifax.

Miss Kirke, Supt. Victoria General Hospital, Halifax.

New Brunswick

Mrs. Richards, Supt. Victoria Public Hospital, Fredericton.

Miss Hegan, 75 Pitt St., St. John.

Quebec

Miss H. A. Des Brisay, 16 The Poinciana, 56 Sherbrooke St. W., Montreal.

Miss Colquhoun, 801 Mackay St., Montreal.

Miss Emily Freeland, 285 Mountain St., Montreal.

Miss Hersey, Supt. Royal Victoria Hospital, Montreal.

Miss L. E. Young, Asst. Supt. Montreal General Hospital, Montreal.

Miss M. Vernon Young, 56 Sherbrooke St. West, Montreal.

Miss Grace E. Nourse, 5 Elizabeth St., Sherbrooke.

Ontario

Miss Morton, Supt. Gen. and Marine Hospital, Collingwood.

Miss MacWilliams, Supt. General Hospital, Oshawa.

Miss Robinson, Toronto General Hospital.

Miss Janet E. Anderson, 85 Norwich St, Guelph.

Miss Bessie Street, 137 Catherine St. N., Hamilton.

Miss Annie Baillie, 237 Queen St., Kingston.

Miss M. A. MacKenzie, Chief Supt. V.O.N, Somerset St., Ottawa.

Miss M. A. Ferguson, 476 Bonacord St., Peterboro.

Miss L. Regan, St. Joseph's Hospital, Port Arthur.

Miss Jewison, 71 First Ave., Toronto.

Miss Ewing, 295 Sherbourne St., Toronto.

Miss S. B. Jackson, 86 Prince Arthur Ave., Toronto.

Miss M. Russell, 24 Patterson Ave., Ottawa.

Miss McNeill, 82 Gloucester St., Toronto.

Miss J. I. Gunn, Toronto General Hospital.

Miss E. F. Neelin, General Hospital, Kincardine.

Miss A. M. Connor, 853 Bathurst Street, Toronto.

Miss Mary F. Thomson, 2 Lyman Street, St. Catharines.

Miss J. Ferguson, 596 Sherbourne Street, Toronto.

Miss Lennox, 32 Bernard Avenue, Toronto.

Miss G. A. Hodgson, 26 Foxbar Rd., Toronto.

Mrs. W. Cummins, 95 High St., London.

Miss G. A. Gowans, 5 Dupont St., Toronto.

Mrs. W. E. Struthers, 558 Bathurst Street, Toronto.

Miss E. Master, 27 Ellen St. E., Berlin.

Manitoba

Miss Birtles, Supt. General Hospital, Brandon.

Miss Wilson, Supt. of Nurses, General Hospital, Winnipeg.

Miss M. I. Burns, General Hospital, Winnipeg.

Saskatchewan

Miss Jean E. Browne, Alexandra School, Hamilton St., Regina.

Alberta

Miss M. M. Lamb, 562 Kirkness St., Edmonton.

Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

British Columbia

Miss Judge, 811 Thurlow St., Vancouver.

Miss M. H. Clarke, 1030 St. Charles St., Victoria.

Miss Rene Norcross, 1274 Mitchell St., Victoria.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

BOARD OF DIRECTORS

Mis J. I. Gunn, Toronto, President.

Miss M. E. Christie, 39 Classic Ave., Toronto, Secretary-Treasurer.

Miss Lennox, Toronto.

Miss J. G. McNeill, Toronto.

Miss A. I. Robinson, Toronto.

Editor

Miss Bella Crosby, 295 Sherbourne Street, Toronto.

Meinecke

Improved Bed or Back Rest

with

Non-Slipping Attachments and Pillow Holder

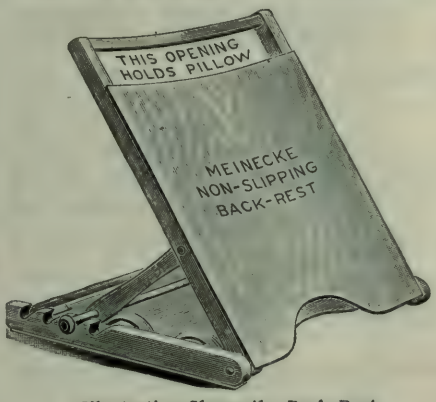


Illustration Shows the Back Rest Opened Ready for Use

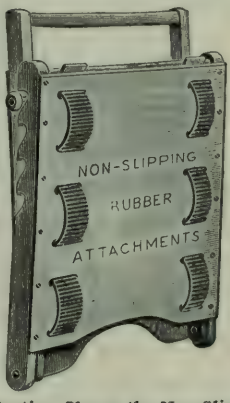


Illustration Shows the Non-Slipping Rubber Attachments on Bottom

The Rubber Attachments on the Bottom Prevent the Back-Rest from Slipping on the Bed

Total Length, 22½ Inches; Total Width, 20½ Inches
Weight, about 7½ lbs.

The main features of the Meinecke Back-Rest are the Non-Slipping Attachment and the Pillow Holder.

All other Back-Rests slip on the bed and slide away from the Patient. This is prevented in the Meinecke Back-Rest by the use of corrugated rubber attachments which are detachable. The Pillow Holder also prevents the pillow from slipping down, even when the Patient leans forward.

This new Rest is light, but very strong, and is easy to place under a Patient, and to adjust to the various positions. *It is handsomely made of fine quality Veneered Wood, and is coated with Valspar Waterproof Varnish. It is neat, compact and durable.*

The back portion is slightly curved, and the lower end is so made that there is no pressure on the end of the spine, no matter at what angle the Patient is lying or sitting.

Retail Price.....$6.75

Delivery Charges Extra Outside of New York City
Weight in Shipping Condition, 12-lbs.

Special Wholesale Price Made to Hospitals

Meinecke and Company

Advanced Specialties for Hospital and Sick-Room

66-68-70 Park Place, New York

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 43 Argyle Ave., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Resthoim," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Miss Armstrong; Cor. Sec., Miss Kropf, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Brennan; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Moody; Secretary, Mrs. Willard J. Hill, 360 Oakwood Ave., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 137 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Mrs. Valentine; Cor. Sec., Mrs. MacConnell, 514 Brunswick Ave.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Mrs. Struthers; Secretary, Miss E. M. Macallum.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. Bilger; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Mrs. M. Armstrong; Cor. Secretary, Miss K. Holt.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Spring Class opens April 7, 1915

Duration of term four months

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.
MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.

It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY
Buffalo, N.Y.

MALTINE
With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY
88 Wellington St. West, TORONTO

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Miss Helen Randal, Supt. of Nurses, General Hospital, Vancouver, B.C.; First Vice-President, Miss V. L. Kirke, Supt. of Nurses, Victoria General Hospital, Halifax, N.S.; Second Vice-President, Miss Stanley, Supt. of Nurses, Victoria Hospital, London, Ont.; Secretary, Miss L. C. Phillips, Supt. of Baby & Foundling Hospital, 43 Argyle Ave., Montreal, Que.; Treasurer, Miss A. J. Scott, St. Margaret's College, 144 Bloor St. E., Toronto.

Councillors—Mrs. Bridgeman, Aylmer, Ont.; Miss Young, General Hospital, Montreal; Miss Flaws, Wellesley Hospital, Toronto; Miss Catton, Lady Stanley Institute, Ottawa.

Auditors—Miss F. M. Fraser, Halifax, N.S.; Miss Potts, Supt. Hospital for Sick Children, Toronto.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss Barbara Gilchrist; Vice-President, Miss Agnas McDougall; Secretary-Treasurer—Miss B. MacIntosh.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

The Canadian Nurse Representative—Miss Bessie Street, 176 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 72 St. Alban St.; Treasurer, Miss Georgie Henry, 459 Indian Road.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

Dix-Make UNIFORMS

ARE READY FOR WEAR AND meet the requirements of the most fastidious. All nurses who would wear strictly tailored and extremely smart-looking uniforms, should insist upon having our label in the garments when buying.

Made with utmost care and precision of standard materials, in all sizes.

Sold by department stores everywhere

The Dix-Make has been selected as the official uniform of the AMERICAN RED CROSS

Write for book of styles, samples of materials, etc. Address Dept. B.

665 $5.00

666 $4.00

©

Henry A. Dix & Sons Company - Dix Building - New York

A Dainty Touch of

NA-DRU-CO Royal Rose Talcum Powder

on face and hands each time you bathe them, will absorb the moisture that remains after wiping and causes redness and chaps in this cold, raw weather.

Apply a little before going out, too, and your skin will retain its velvety softness in spite of exposure.

If you have never tried Na-Dru-Co Royal Rose Talcum, write us for a free sample. You'll enjoy its delightful perfume of fresh American Beauty roses.

National Drug & Chemical Co. of Canada, Limited, Montreal

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss L. Galbraith, corner Shaw and Irene St.

Treasurer, Mrs. Canniff, 77 St. Clair Ave. East.

Recording Secretary, Miss Grace Gowans, 5 Dupont St.

Corresponding Secretary, Miss E. C. Anderson.

Conveners of Committees—General Business, Miss Ewing, Miss J. Hamilton; Sick Visiting, Miss I. Gray, 67 Balmoral Ave., Miss M. Ellerington, 159 Cumberland St.

Press Representative and "The Canadian Nurse" Representative, Miss Burwash; Representatives on Central Registry Committee, Miss L. Teeter, Miss Barnhart; Sick Visiting, Mrs. Clutterbuck, Misses Ewing, Jamieson and Cameron.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss A. Weyer, 51 Grosvenor Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

ALUMNAE ASSOCIATION, GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Grace Hospital; President, Miss L. Smith, 596 Sherbourne Street; First Vice-President, Miss De Vellin, 505 Sherbourne Street; Second Vice-President, Miss E. Knight, 28 Hampton Mansions, Metcalfe Street; Secretary, M. E. Henderson, 71 First Avenue; Assistant Secretary, M. E. Jewison, 71 First Ave.; Treasurer, Miss Carnochan, 566 Sherbourne Street.

Board of Directors—Misses Rowan, Sloane, Warden, McPherson and Irvine.

Conveners of Committees—Devotional, Miss Noble, 286 Avenue Road; Programme, Miss E. Hawley, 260 Huron St., Social, Miss Etta McPherson, 63 Queen's Park; Press and Publication, Miss McKeown, 566 Sherbourne St.

Representatives on Central Registry Committee—Miss Mabel Pearen, 624 Manning Ave.; Miss Irvine, 596 Sherbourne St.

Representative to "The Canadian Nurse"—M. E. Jewison, 71 First Avenue.

Regular Meeting, second Wednesday, 3 p.m.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Mrs. Valentine, 55 Lakeview Ave.; First Vice-President, Miss Anderson, 48 Wilson Ave.; Second Vice-President, Miss Wilson, 159 College St.; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. MacConnell, 514 Brunswick Ave.; Treasurer, Miss Lucas, 35 Stephenson Ave.

Visiting Committee: Misses Beckett and Hornsby.

Representatives on Central Registry Committee: Misses Anderson and Cooper.

Program Committee: Miss Baker, Mrs. Bailey, Miss Creighton.

Directors: Misses Davis, Bowling and MacLean.

"The Canadian Nurse" Representative: Miss S. B. Jackson, 36 Prince Arthur Ave.

Regular Meeting: First Friday, 3 p.m.

Abdominal Inflammations—

UTERINE, OVARIAN, PERITONEAL, APPENDICAL—frequently indicate very serious trouble ahead, while causing present discomfort to the patient. Many Physicians have found such **prompt relief** from the use of

Directions: —Always heat in the original container by placing in hot water.

Needless exposure to the air impairs its osmotic properties—on which its therapeutic action largely depends.

Antiphlogistine
TRADE MARK

in these conditions, as to make it an important factor in their regular treatment of **Ovaritis, Dysmenorrhea, Peritonitis, Incipient Appendicitis, Colitis, Enteritis, Hepatitis, Colic, etc.**

Professional experience and **comparative study** have proved that there IS a "difference," in **results**, between Antiphlogistine, and its **closest** imitator.

Therefore, Physicians should WRITE "Antiphlogistine" to AVOID "substitutes"

"There's only ONE Antiphlogistine."

MAIN OFFICE AND LABORATORIES

THE DENVER CHEMICAL MFG. CO., MONTREAL

Branches: LONDON SYDNEY BERLIN PARIS BUENOS AIRES BARCELONA CAPE TOWN

(*Continued from page 103*)

being a very junior nurse, did not hesitate to say that it was a shame to let him go, even if he did want to, and Fenton came to the senior nurse to inquire if it was a fact that the little Chink was really going. He, Fenton, had been told to bring up his clothes, but he'd like to know if the kid wasn't supposed to be sick enough without he should be fired out of the hospital.

Whereupon the senior nurse answered coldly that he had his orders and had better carry them out; after which she relented, Fenton being an old and valued orderly, and pointed out that it was a hopeless case; that she personally would not like to die among aliens, however kind, and that it would be cruel to keep the boy against his will, even if they had the power, which they hadn't. And Fenton agreed that there was something in that, but took a troubled face to the wrapping up of the little quilted silk tunic in which Mah Too had made his picturesque entry into the ward two months before.

The hack came to the great doors at three, and Mah Too, looking very small and frail on the long stretcher between the two big orderlies, flashed the ghost of his old pretty smile at the Medical Ward nurses, standing at the head of the stairs to see him go, and Mah Soon, following, laid half a dozen boxes of preserved ginger, gay in their Chinese wrappings, on the chart table.

"You heap good to Mah Too," he said, his melancholy eyes never leaving the stretcher that held all that made his exiled life worth while to him, and Mah Too, glancing up at the nurses, waved his thin, little hand and whispered the words, first learned and last forgotten:

"Sank-oo."

And then the big doors closed behind him.

A senior nurse of the Metropolitan selects the half day that best suits her, but a junior accepts hers with meekness and gratitude when it is given. She has no choice in the matter. Therefore, a plan agreed upon by the senior and junior nurses of the Men's Medical, in conjunction with the night nurse, who was equally interested, that they should go to the address left by Mah Soon, all three together, and in full uniform—Chinatown not being exactly a calling centre— and see how Mah Too was getting on in his new surroundings, halted, perforce, until the very end of the week, when the junior got her half day. The senior promptly took hers, and the two roused up the night nurse.

She was not asleep. It is difficult to sleep with a traction engine at work in the adjoining street, and a July sun making a stifling twilight of the room, despite an ingenious reinforcing of the window blind with dress skirts, and the three were soon taking the shortest cut to Chinatown.

It was a satisfaction to them afterwards that they had seized the

A CEREAL FOOD

different from all others

because it contains the natural digestives—Trypsin and Amylopsin.

It is used regularly in Hospitals, Sanatoria, Nursing Institutions, etc., throughout the world, and prescribed and recommended by leading physicians in practice and in many standard medical works.

The outstanding feature of Benger's Food is its power of self-digestion, and milk modification, due to the two digestive principles contained in it. This occurs during its preparation with fresh new milk and is simply regulated by allowing the Food to stand from 5 to 45 minutes; it is stopped by boiling.

Benger's Food

FOR INFANTS, INVALIDS AND THE AGED.

A physician's sample with analysis and report will be sent post free, upon application to any member of the Medical Profession.

BENGER'S FOOD LTD., MANCHESTER, ENG.
or from their Wholesale Agents in Canada:—The National Drug & Chemical Co., of Canada, Ltd.
Montreal, or any of their Branches at—

Halifax, N. S.	Winnipeg, Man.	Vancouver, B. C.	Nelson, B. C.
St. John, N. S.	Toronto, Ont.	Victoria, B. C.	Ottawa, Ont.
London, Ont.	Hamilton, Ont.	Calgary, Alta.	Regina, Alta. M.6cC.

WEDDING CAKES
A SPECIALTY

COLES

Caterer and Manufacturing Confectioner

719 YONGE STREET
TORONTO

The Graduate Nurses' Residence and Registry

PHONE SHERBROOKE 620
DAY OR NIGHT

753 Wolseley Ave. - Winnipeg

New York Polyclinic
Post-Graduate School for Nurses

¶ Offers nine months course in the following branches: Surgery, including emergency work; Operating Room Technic; Sterilization; Gynecology; Pediatrics; Eye, Ear, Nose, Throat; Orthopedics; Cystoscopy.

¶ Classes by resident instructor, supplemented by bedside instruction. Lectures by Attending Staff. Special Course in Dietetics. Diploma awarded on satisfactory completion of course. Registry maintained for graduates and frequent opportunities given to obtain institutional positions. Remuneration: board, lodging, laundry, and $12 monthly.

¶ A special course of four months duration is offered to those specially qualified. Remuneration: board, lodging, laundry and $6 monthly.

E. LETA CARD, R.N.
Superintendent of Nurses
341-351 West 50th St., New York

earliest opportunity to go, for even then they were too late. Mah Too's funeral had taken place the day before.

The prosperous looking Chinaman drowsing on the worn step of the store behind which the boy had died, volunteered the further information that Mah Soon had had four hacks to follow the hearse, that no honor might be lacking to his little brother, and was now gone back to his work; which was wise of Mah Soon, for hacks are expensive luxuries, and though the doctor and the hospital authorities could be relied upon to wait a reasonable time for the settlement of their bills, Yip Sing was no easy creditor, according to those who knew him best.

The three nurses walked back to the shopping centre in a dejected silence that was only broken when they suddenly came face to face with one of the House men, who greeted them jocularly:

"Whence the doleful looks? Did someone get in ahead of you and collar all the lovely bargains?"

"We haven't been shopping," the senior nurse explained, finding that the others left it to her, "we went to see Mah Too, the little China boy who used to be in bed three on the Medical, you know, but—he—we—the funeral was yesterday."

The young doctor's face sobered suddenly.

"So soon! What hard luck." And then, with genuine feeling: "Poor little beggar."

It was the little brother's sole epitaph.

THE NURSES' LIBRARY

Elementary Bacteriology for Nurses, by G. Norman Meachen, M.D., B.S. (Lond.), M.R.C.P. (Lond. and Edin.), M.R.C.S. (Eng.): Physician, Skin Department Prince of Wales' General Hospital, Tottennam, etc. Price 2/ net.

The Scientific Press, Limited, 28 and 29 Southampton St., Strand, London, W.C., England.

The author seeks to give the nurse an elementary knowledge of this important subject, so that she may wage war against disease more intelligently.

First Lines in Nursing. A handbook for Probationers and those who contemplate entering the Nursing Profession. By E. Margaret Fox, Matron of the Prince of Wales' Hospital, Tottenham, London, N.; Late Sister Guy's Hospital; author of "The Nurses' Duties Before and During Operations"; with a preface by Sir James Goodhart, Bart., LL.D., M.D., F.R.C.P. Price 2/6 net.

The Scientific Press, Limited, 28 and 29 Southampton St., Strand, London, W.C., England.

Purity, Quality, Flavor

Registered Trade-Mark

Baker's Cocoa

Possesses All Three

It is absolutely pure, it is of high quality, and its flavor is delicious.

Walter Baker & Co. Limited

Established 1780

Montreal, Can. Dorchester, Mass.

Keep it handy on your desk

DESK WORK EXACTS PENALTIES

Liver and Bowels slow down. Tone them up with

Abbey's Effer-vescent Salt

TAKE ABBEY'S VITA TABLETS

D The Best Tonic for Sick Nerves

School of Medical Gymnastics and Massage

61 East 86th St., New York, N.Y.

POST-GRADUATE COURSE

A. Practical: Swedish Movements, Orthopedic Gymnastics, Baking, Manual and Vibratory Massage.

B. Theoretical: Lectures on Anatomy, Physiology, essential parts of Pathology, etc.

All communications should be directed to

Gudrun Friis-Holm, M.D.

Instructor in Massage at the following Hospitals: Roosevelt, St. Luke, New York, New York Post-Graduate, Bellevue, and others.

Hotel Cumberland

NEW YORK

S. W. Cor. Broadway at 54th Street

Headquarters for **Physicians**

Near Hospitals, Schools and Clinics.

New and Fire-proof

Most Attractive Hotel in New York.

$2.50 with Bath and up.

ALL OUTSIDE ROOMS

All Rates Reasonable

Ten Minutes' Walk to Forty Theatres

HARRY P. STIMSON

Only N. Y. Hotel Windows Screened Throughout

SEND FOR BOOKLET

This book covers the first-year work and contains much information given in an interesting way. Intending students will be helped to form clear ideas of their work.

Text-book of Anatomy and Physiology for Nurses. Compiled by Diana Clifford Kimber, Graduate of Bellevue Training School; formerly Assistant Superintendent New York City Training School for Nurses, Blackwell's Island, N.Y.; formerly Assistant Superintendent Illinois Training School, Chicago, Ill.

Fourth edition, completely revised, with additions and many new illustrations by Carolyn E. Gray, R.N. Cloth 8vo., illustrated. $2.50 net. The Macmillan Company of Canada, Ltd., Toronto, 1914.

This almost universally used text-book needs no introduction. It has proved its value; it has long been indispensable, and will be more so now that it has been revised. The most difficult portions have been simplified, more physiology introduced, and the subject of the generative organs is more fully presented. New illustrations have been added, too.

Chemistry and Toxicology for Nurses. By Philip Asher, Ph.G., M.D., Dean and Professor of Chemistry at the New Orleans College of Pharmacy. 12 mo. of 190 pages.

Philadelphia and London: W. B. Saunders Company, 1914. Cloth, $1.25 net. Canadian agents: The J. F. Hartz Co., Ltd., Toronto.

Some knowledge of chemistry helps materially in understanding and mastering materia medica, and in reckoning food values. This book is intended to aid the nurse in acquiring this better understanding and more definite knowledge.

PUBLISHERS' DEPARTMENT

At the Christmas season the average business office is inundated with greeting cards, calendars, etc., and yet, somehow, each year some firm's expression of good will is so outstanding that it is given a place of honor and retained long after the ordinary greeting has been forgotten.

This year the Denver Chemical Co., New York, manufacturers of antiphlogistine, have sent us a desk thermometer, so unique in design and appearance, that we have given it a permanent place on a busy desk, right beside a little calendar, containing loose sheets of paper for memos, received from the same company two years ago. Such a gift is certainly appreciated.

THE STUDY YOU WILL EVENTUALLY TAKE UP

Massage has secured its position as a recognized therapeutic measure, useful alike in medical and surgical cases; but it is an agent which, if it is to be used to advantage, must be employed with knowledge and skill. The theoretical and practical instruction in the Swedish System of Massage, Medical and Corrective Gymnastics are most complete and thorough in every detail. This useful feature, as it stands, affords a framework on which to build in the adjunct of Electro-therapeutics, including High Frequency and X-Ray work, Hydriatics; such as, Electric Light Baths, Mud Baths, Nauheim Baths, Packs, Baking, etc. The addition of forty rooms to our facilities, with many new and modern apparatus, adds to the wealth of material that is made available for the students. The spring class opens on April 7th, 1915. For further information address Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green St., Philadelphia. Max J. Walter, M.D., Superintendent.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, MARCH, 1915. No. 3

THE VALUE OF SOCIAL WORK TO THE HOSPITAL.*

By Dr. C. M. Hincks, Toronto General Hospital.

Before discussing the value of Social Work to the hospital, let us consider for a moment the functions of a great hospital like the Toronto General. The most obvious mission for such an institution to perform is, of course, care of the sick. Associated, however, with this main object there are other important obligations. The hospital must be a training school for nurses, doctors and social workers. It must provide facilities for original research in the various departments of medicine, so as to perform its share in pushing forward the confines of medical knowledge. Its last, but by no means least, function is to act as an inspirational centre for the diffusion of knowledge to the community at large concerning the prevention of disease.

I wish to draw your attention this evening to the value of social work in the hospital with regard to two of these hospital functions—First, the care of the sick, and second, the prevention of disease.

First of all, what can the social worker do in relation to the sick? The cure of disease depends in many instances on an early diagnosis. Take, for instance, cancer. By surgical means working together with electro and radium therapy, cancer, in many locations, can be eradicated. Cancer, however, after it has given rise to secondary growths in various parts of the body, is generally incurable. So that there is this watchword in connection with this disease—Begin treatment at an early date. Now there are many diseases of this nature where an early diagnosis makes a cure within the range at least of probability. Tuberculosis here suggests itself as belonging to this category. Mental disease, if caught in the very early stages, can be helped to a much greater extent than if the diagnosis and treatment are delayed. And so we see in cancer, tuberculosis, mental disease and a host of other conditions that an early diagnosis is of supreme importance in making cure possible.

What is the concern of the Social Worker in this connection? I look on the hospital Social Worker as the connecting link between the

*Address to Golden Rule Guild at annual meeting, January 7, 1915.

hospital and the home. She is an educational force and, being cognizant of the early symptoms of the serious diseases, can diffuse this knowledge in the proper quarters. When in the home—and her work is continually taking her there—she is on the lookout for signs of disease, and she can also, in cases where her suspicion is aroused, tell individuals what signs of disease should immediately awaken concern and take them to the hospital. It seems to me that the general public is entirely too ignorant concerning the early manifestations of serious diseases. Education is needed through the school, the press, the municipal department of health, the physician, the nurse and the social worker. Do not misunderstand me. I do not mean that a social worker or a nurse should make a diagnosis—that falls to the physician. She should, however, have sufficient knowledge concerning disease intelligently to suspect certain diseases.

Right here I would like to say a word with regard to the value of special work for the social worker. If a social worker is connected with one clinic, her influence is, to my mind, increased. In connection with the early diagnosis of diseased conditions, the special social worker becomes, in connection with her clinic, conversant with the causes, symptoms and treatment of various conditions met with in that clinic. This particular worker in the field is unconsciously on the lookout for individuals suffering from diseases she is most familiar with. I therefore believe in giving the social worker a special field rather than trying to make her a jack-of-all-trades, which results, as the proverb runs, in the mastery of none.

We now come to the diagnosis of disease, and see wherein the social worker can be of assistance to the physician. Many patients appear at the outdoor department where a knowledge of home conditions would greatly help the physician in charge of the clinic in arriving at a correct diagnosis. In cases of suspected mental abnormality this is particularly true. In connection with the clinic for the feeble-minded, Miss Clarke's reports concerning home conditions, family and personal history, are most valuable in making a diagnosis. A family history can, for instance, in many cases, be traced back far more readily at the patient's home than in a clinic, where the informant is more or less nervous and forgetful. In connection with the personal history, data regarding habits, general behavior, etc., can often be better elucidated at home than in the clinic. While this home investigation applies particularly to the elucidation of mental conditions, it would also apply, it seems to me, to the obstetrical department, to the tuberculosis clinic, and to the other sections in a somewhat lesser degree.

Now let us consider the role of the social worker in the treatment of disease. In the first place the hospital physician is not called in to treat disease, but to treat sick patients. I consider the distinction an

important one. A friend of mine in the profession some few years ago contracted tuberculosis of the lungs. He gave up his city practice and went to a well-known American sanitarium. At the end of two years he came back to Toronto apparently cured, and is again conducting an active medical practice. I asked this friend concerning his experiences while away, and questioned him particularly concerning his own mental attitude during his illness. He said that the most outstanding remembrance he had was the almost cruel, mechanical way in which he was treated by the physicians in charge of his case. He said that they treated him as if he was so much living protoplasm devoid of personality, but possessing one point of interest, and that was the fact that he was infected with tubercle bacilli. With forced feeding, fresh air and tuberculin they attacked him, thinking only of the diseased process in his lungs. This friend told me that his physicians ignored the fact that he was suffering from a most acute attack of depression and pessimism. He said in the early stage of his disease he had not so rearranged his philosophy that he could calmly accept the thought that he was consumptive, and all that that meant to his ambition in life, his family and his other affairs. He said that he felt the need, not only of tuberculin, fresh air, etc., but also a little human sympathy, a friendly attempt on the part of his attendants to cheer him up, to give him, in other words, a little psycho-therapy. This needed mental treatment did finally come to him from a physician who was more than a technician—a plumber is that—but a big-hearted man as well.

And so, in the treatment of sick patients, the social worker can help the physician in keeping in mind that personal element. When, for instance, a social worker gives the physician a report about home conditions, personal and family history, the clinician is much more likely to take an active interest in the patient's real self, the patient's personality. The social worker, on her own part, can also give that moral encouragement so helpful in many cases.

But the social worker can do a great deal more than give moral support in the treatment of disease. In the case of outdoor patients, she can see that treatment is being intelligently carried out in the home. The days have passed, never to return, when a physician's obligation to the patient stops with the giving of a bottle of medicine. Even advice given at the time is not sufficient, because so often the patient does not thoroughly understand exactly what the physician's instructions mean. And as I see it, the social worker here is the strong arm of the therapeutic system. She sees the patient in the home and can, by demonstration, which is the best possible form of instruction, show the patient just how to carry out the physician's orders. In cases of tuberculosis by this demonstration the social worker in showing how to ventilate rooms, how to prepare food, how to avoid infection, in

short, how to carry out the whole system of hygiene, has proven herself to be an invaluable asset to the tuberculosis clinic.

In the obstetrical department the same can be said with equal force. The social worker who, by the way, is supported by this association, is doing a medical and social work that cannot be valued in the dollars and cents that you so freely give. The number of mothers' and infants' lives that such a nurse as Miss Kniseley saves in the course of a year, and the illnesses that she is instrumental in preventing, is a splendid example of what a specialized worker can do in connection with the hospital. Miss Kniseley's work consists not only in seeing that the physical is looked after, but in the moral field her influence is most marked. Poor, unfortunate girls in the past got rid of their babies as soon as possible by adoption and, thus freed from their responsibility, fell again into lax moral habits. The social work in this department sees to it that mother and child are kept together. This not only is a splendid thing for the child, but acts as a prophylactic for the mother. I must admit that the physician has a lot to learn from the social worker in the proper handling of these cases of illegitimate births. In my own case I have been converted to the social worker's point of view. I will own up to the fact that heretofore I have always tried to free the mother from the child, with the idea of letting the mother start up anew unencumbered by an infant. This works out in theory, but I understand from the vast amount of experience of the social work in the Burnside Department that it does not work out in practice.

Let us return to the role of the social worker in the treatment of the sick. In the treatment of such a disease as heart trouble, we can readily see how important is the influence of the social worker in the home in seeing to it that the patient does not try to perform physical labor that is of too strenuous a nature. Suitable treatment in many cases would be rendered almost impossible by poverty, bad home conditions, etc. The social worker of the hospital, working in harmony with various social centres, is in a position to bring financial assistance when such is necessary, is in a position to improve the environment.

In fact, when I view the social end of the treatment of disease, I wonder how in the world a hospital can legitimately get along without it. I am also forced to the conclusion that in the past, when there was no such department, the work of the hospital must have been much less efficient than it is at present.

So much for the sick. We have seen that the social worker may be instrumental in getting the patient to the hospital before disease has secured a strong foothold. We have observed that in the diagnosis and treatment she has an exceedingly important role. How about the prevention of disease? Has she a part to play here? The mere raising of

the question immediately suggests the answer. Let us direct our attention for a moment to the prevention of disease. What is the status of preventive medicine? The press and medical literature are full of the details of the progress of this, the greatest branch of medical science. It is now well known to almost everybody that practically every disease can be prevented. Let us see how this has come about, and ascertain if the facts of preventive medicine are in the hands of the general public; for, if these facts are reserved for a few in the medical profession, and not widely disseminated, we would be in just as bad a position as if the facts were unknown. If the general public is ignorant let us see how it can be enlightened.

To understand the situation, let us recall for a moment certain stages in the history of medicine. In the early days very little was known concerning the cause and progress of disease. All that a physician could do was to relieve some of the prominent symptoms. He could relieve pain, not by getting rid of the cause, but only by masking the symptom. As time went on, and physicians studied disease processes, they found, in some instances, sequences and facts that led them to introduce therapeutic measures, or modes of treatment that enabled them to control to some extent the progress of disease. In certain diseases, however, as for instance malaria, a cure was hit upon by chance. Cinchona bark, from which is extracted quinine, was found to be good treatment for malaria, although the reason for this was unknown, and was not discovered, in fact, until quite recent times, when the part mosquitoes play in the spread of malaria was discovered. But for the most part treatment of disease kept pace with the scientific findings in the study of disease processes.

At the present day a vast array of facts has been accumulated concerning disease. From the standpoint of cure, however, these facts have not led to the hoped-for results. We know, for instance, the causal factor of typhoid fever. It is due, as you are well aware, to a certain germ designated the typhoid bacillus. We know how the germ gains entrance to the body through infected drinking water. We realize that this germ causes the formation of ulcers in the intestine and that poisons are propagated that cause fever and the various disturbances found in a case of typhoid. We know that the typhoid patient manufactures in his own tissues certain substances that counteract the typhoid poison. Knowing all these facts has not given us, however, a satisfactory method of treating typhoid. As you are well aware, we cannot cut short an attack of typhoid to any considerable extent, in other words, it generally runs its course.

And so one could recite the various diseases with which we are most familiar—pneumonia, scarlet fever, pernicious anaemia, certain forms of insanity, cancer, etc. In all of these the physician has no spe-

cific treatment that holds out any great assurance of a cure. It is true that there are many diseases that can be handled therapeutically. Take, for instance, syphilis, diphtheria, malaria, tuberculosis in the early stages, and a few others. But when all is said and done, the diseases over which we have a fairly good therapeutic control are extremely limited. As science progresses we have a reasonable hope that the list of curable diseases will be enlarged.

How about the prevention of disease? As previously stated, the mass of facts already collected regarding disease enables us, while not in a position to cure, nevertheless to point the way to the prevention of practically every disease.

Most diseases can be prevented by euthenic measures. Euthenics is a word of recent coinage, and pertains to the prevention of disease through the betterment of living conditions, through the improvement of the environment of mankind.

Just a word with regard to euthenics. Right living conditions may be classified under the following five heads, according to Mr. Windslow, Associate Professor of Biology, College of the City of New York:

1. The maintenance of proper temperature and other atmospheric conditions surrounding the body.

2. The provision of an adequate and balanced food supply.

3. The preservation of the health of the organs and tissues by exercise and their restitution when fatigued by rest and recreation.

4. Protection against injury by violence of man or beast, by accidents, fire and the like.

5. Protection against microbic disease.

These five necessities of the human body might be called, if you like, the five fundamental laws of health. It was stated, some little time ago, by a physician lecturing to a group of students in the Social Service Department of the University, that he would wager that in his audience not half a dozen out of the two hundred present could state offhand the laws of health. That seemed to many a rather rash statement, but when asked himself at the end of his lecture what were the laws of health, it is reported that he did not make a very satisfactory reply. I sympathize with my friend in his predicament, and feel that the question is a poser. Nevertheless, if one is allowed to speak in generalities, the five rules laid down give a comprehensive answer. One woman, Mrs. Richards, has stated the salient laws of health in a single sentence. She says that the basis of euthenics consists in "A pure food and a safe water supply, a clean and disease-free atmosphere in which to live and work, proper shelter, and the adjustment of work, rest and amusement."

When we come to study how to prevent disease under these vari-

ous headings, we must look for our data in anatomy—the study of the structure of the body, in physiology—the study of the workings of the body under normal conditions, and in pathology—the study of the body in disease. Laws of health based on any other series of facts are not laws, but quackeries, and not worth consideration.

There are certain diseases that cannot be prevented, however, through euthenic measures, through the betterment of living conditions. These are determined largely by hereditary influences. To cope with these conditions we have a science of recent birth called eugenics. Eugenics has to do, as you know, with the improvement of the inborn qualities of the race, by proper mating of parents. While eugenics presents insurmountable difficulties if applied in a general fashion, still with medical examination before marriage, with careful scrutiny into family history when this is obtainable, certain individuals may be prevented from a harmful marriage. This is, at least, in the range of possibility, and the confining of the feeble-minded and insane in institutions is certainly a step in its accomplishment.

What relation has the social worker to the prevention of disease? She occupies, in my opinion, an extremely important place. In the first instance we must grant that the hospital social worker is an intelligent, well trained individual, conversant with the so-called laws of health. She knows the important findings of anatomy, physiology and pathology in their relationship to the prevention of disease. It is her opportunity, then, as she is constantly moving about in the community, to spread information to the masses and teach them, by demonstration and conversation, the proper way in which to live. She may also so educate the people with whom she comes in contact that her teachings may lead to something of eugenic value.

I believe that under the present condition of affairs the social worker can do more in the actual prevention of disease than the physician himself. Doctors, under the present regime, are paid to cure disease, and consequently their attention is confined largely to this question of therapeutics. The social worker can, however, devote her attention in no small degree to the prevention of disease. I think, however, the time will come when physicians will play a larger part in this most important department than they do at present. A move in this direction is the enlargement of the scope of the Departments of Public Health of the present day, with their increasing complement of physicians whose work entails largely the preventing of disease. Then there is the medical inspection of schools, where medical men are engaged in preventive work. In England, where there is State Insurance, and physicians are employed by the State, prevention will, to my mind, be pushed by these same doctors because it is to their advantage so to do. The employment of physicians to keep people well is the legitimate pro-

cedure, and when the financial problem of this scheme is worked out it will benefit mankind.

In summing up, I would say that the social worker connected with the hospital has a wonderful opportunity in making that institution more efficient. She can often render it possible for the hospital physician to make an early diagnosis. She can collect data that will help in making the diagnosis. She is a strong instrument in the treatment of disease, by helping to secure needed money, and by demonstration of the proper methods in the care of the sick. By her individual study she helps the physician to treat the case not as a disease, but as an individual with a disease. In the realm of prevention, the most hopeful field in medicine, she can educate those with whom she comes in contact. Take it all in all, I do not know a line of work more helpful to the community than that rendered by a conscientious, intelligent, well trained hospital social worker. May the very best nurses enter the work, may there be many of them, and may there be many who will freely give of their money to support such workers.

THE FLORENCE NIGHTINGALE OF WINNIPEG

Story of Mrs. Margaret Scott and Her Labor of Great Love

"Faith is lost in sight"—so often one had sung it with the congregation, meaning all the while the "Better Land" of the first verse. But yesterday one found it on earth, a faith that was no longer faith, but a sure shining knowledge, born of very direct answers to very definite prayers, of ways miraculously opened up at the touch of a hand for the carrying on of a work of help and healing, a work of many years' standing in which one pleading hand upstretched to God, one full hand down-dropping to His people.

She is a little, frail, precious woman who holds this big knowledge grown from faith, a woman with soft hair, and soft voice, with a rare sweetness of face, and eyes most wonderfully shining, a small cross of red at the throat of her simple white dress.

With her at the Margaret Scott Nursing Home in Winnipeg, where she is the mother and heart, are eight special nurses, besides Mrs. Scott's assistant in her own special and personal missionary work. Last year these nurses paid nearly thirty thousand visits to the sick poor of Winnipeg, something less than five thousand being to obstetrical patients, something over five thousand to infants and sick children in connection with the child hygiene department, and the rest to surgical patients, the aged and chronic cases. It is nine years since the Margaret Scott Nursing Mission was founded, with a society and a board,

to perpetuate the work carried on for years by Mrs. Scott, which at that time was growing too big for her and her one trained nurse assistant.

It is a far cry from the schooldays of a cherished girl in quiet old Colborne, in Ontario, to a small bare room in a coffee house in the Winnipeg east end of twenty years ago. It is a long span from eager busy days in the Dominion Lands Office in Winnipeg to the quiet brown house at 99 George Street, where the nursing home sends out the God-beloved women early every morning to the extreme points of the city in different directions, with their maternity bags and hot water bottles, their bits of babies' dresses, their words of advice and cheer, leaving comfort on their way to the all-but-blind lonely old man listening day-long to the ticking of his clock in the corner, to the emaciated, hectic, tuberculous woman, and the pink new baby in its dirty colored rags.

Margaret Boucher's father was county court judge in Colborne, and her mother a member of the U. E. Loyalist family of Ruttan. On the death of her mother, Margaret was sent to live with her aunts at Campbellford, went to school and grew into a gay, glad young girl, as all young girls should. A slight foreshadowing of her future might have been found in the interest aroused in her when a girl in the famous Muller orphanage at Bristol, in Ontario, the shining of whose hundred windows into the night preached faith to a wide world, for the orphanage existed and grew just day by day on faith. When Margaret Boucher became Margaret Scott her happiness was at the centre of a life of moving interest, her husband being a well-known lawyer in Peterborough, a Q.C., and a member of the Ontario Legislature for Peterborough, his political opponent being the man afterwards known as Senator Cox.

Left a widow at twenty-four, Mrs. Scott faced the necessity of self-support. Through Mr. Cox, who had once been a protege of her father, she was given a position in the office of the Midland Railway in Peterborough, with the munificent salary of twenty-five dollars a month. Her life had been sheltered. She did not know anything of business, she naively confesses, but she wanted to know everything. Something of the woman's thoroughness, grasp and ability is seen in the fact that a couple of years after she had begun sorting tickets in the office of the Midland Railway, she was in the audit office of the Grand Trunk Railway in Montreal, in charge of the work of thirty girls and the conduct of fifty. After a few years of this, Mrs. Scott's health broke down and she came to Winnipeg for a change of climate. Mr. H. H. Smith, Dominion Lands Commissioner in Winnipeg, had been her husband's friend. Mrs. Scott took a position in this office, later going to the law firm of Hough and Campbell. The late Mr. F. W. Heubach initiated her into the mysteries of the typewriter. A business asso-

ciate of these days claims that she was the best stenographer in the country and could easily have commanded an unusual salary when she gave up having a salary at all. A friend describes Mrs. Scott at this time as having quantities of soft, fine hair, wonderful big grey eyes, a charming low voice, and "always a smile." And through all the years since, "always a smile."

It was about this time in her life that the mission work began. The Rev. C. C. Owen, at that time assistant rector of Holy Trinity, was much interested in the Coffee House in Winnipeg and in other forms of what we now call social service. One morning while Mrs. Scott was still in the Dominion Lands Office, the late Ernest Taylor, a bank manager of Winnipeg, told her of the burden of the enormous correspondence of Mr. Owen. Mrs. Scott went to Mr. Owen and offered to help him with his work, taking his dictation Saturday afternoons and doing the letters through the week before and after her office hours. "And Mr. Owen prayed me out of office work," Mrs. Scott says. For Mrs. Scott then didn't want to go into mission work. "I was wicked," she confesses, her smile rueful-sweet, "I wanted my liberty. I loved the office work. And I fought—oh, I fought long and hard until one night the words came illumined before me, 'This is the way, walk ye in it.' And then I didn't struggle any longer." "And the liberty?" one was tempted to ask. "Why, I didn't lose it at all," she glowed, "there was more, infinitely more. The office, you see, was all for one's self, one's food, one's clothes, one's house, and just a little margin left for God. There are wide, free spaces when one stops taking thought for food and raiment."

Thus she started, and thus she went on. The police court at this time was in a pitiful state. A citizens' league was formed and an appeal made to the women of Winnipeg. Mrs. Scott began to visit that pitiful, sordid world, then at the corner of King and James Streets, and only the police and the magistrate and the women themselves can ever tell what she has meant to them all in that court down through the years. Broken and bruised and smudged, sore and sullen and sodden, strangers bewildered and drifting, frightened, or defiant or sorry, she has got close to them, has been told their stories that the magistrate could never reach, has given them her unshrinking hand in friendship, has found them places for their heads and work for their hands. "The cases have been so satisfactory," Mrs. Scott tells. There was the old woman whom Mrs. Scott took to the Salvation Army Home, where she stayed on always, known lovingly as "Grandma" and of infinite comfort. There was the poor stranger who had gone unwittingly to an undesirable lodging-house and had been gathered in with the others during a raid. Mrs. Scott got her out of the police court, found her a

home and work, and kept in constant touch with her until she died last year. She had always gone straight and had been grateful.

From the police court work Mrs. Scott went on to visiting the provincial jail. There were no visiting hours for Margaret Scott. The doors were open whenever she willed. One of the most terrible experiences of her life was the night she spent alone with a sick woman in the jail when the door clanged behind her and she was locked in until 6 o'clock in the morning, when the wife of the governor of the jail came to relieve her. Small wonder that Mrs. Scott comes so close to the heart, she who is so willing to share the life!

On going definitely into mission work Mrs. Scott took a small room in the old Coffee House, on Lombard Street, where the wholesale district of Winnipeg now is. A few necessary bits of furniture—of corrugated iron for obvious reasons—were all she could have, and she scrubbed the room herself. She would accept no salary, and her work was carried on by voluntary donations. Untrained, she nursed sick babies and women in the segregated districts. She bought food and clothing where she could, delicacies for the sick and old, found work for men, taught Christ, and grew into a blessed saint whom everybody loved, the city missionary, Margaret Scott.

But her spiritual qualities and lovely faith went with a clever mind, and the business experience of an eminently practical little woman. Those who gave her money knew none of it would be wasted. Those who told her tales learned soon how far her grey eyes could see. She kept right up to the minute in her reading and studying, knew all about nursing missions and public health departments and experiments in organized charities and social service work, so that she is looked upon always as a most valuable asset by the men of the city, men of the Associated Charities, of the city health department, the city medical officers, who work in unison with her, the ready response being mutual.

With the spiritual nature and the practical activity of Mrs. Scott goes the ineffable personal quality that so affects those that come in touch with her. Women of wealth and position and fashion are found on her board; little children put money in their banks for "dear Mrs. Scott"; men of distinguished abilities and many interests move in her service; a workman sent to do repairs refuses pay and asks for the privilege of helping again; a woman whom the mission helped over a bad time brought ten dollars saved up in five-cent pieces to help the work; a little milliner juggles ends of trimmings and oddments of hats, and women ill all winter come out into the spring sunshine with the tonic of a pretty new spring bonnet; careless young men about town; fluttering girls; staid business men, grown rich and round with the years; busy women; gay blades; serious workers—these are the answers to her prayers of faith in money and food and service. From country churches

and societies in other towns and folk adrift across the West come donations unasked to the little brown house on George Street. Many who want to help but don't know whom to help make Mrs. Scott their trustee; many who make no communication between right hand and left make Mrs. Scott their silence. She is of a rare judgment, of a tact, of a diplomacy. She can help without hurting the difficult, proud folk. Once in a hard year she found thirty proud suffering women by inserting a small advertisement asking to have knitting done. In another hard winter she started a woodyard in the backyard of the mission, and gave needy men work until the city took the woodyard over themselves. And from the days of the coffee house until to-day every contribution to the work has been voluntary, an answer to Faith. There has been no public appeal, no entertainments for raising money, no publicity even. Since the society was organized, a modest report appears once a year, the eloquent small red cross on the cover, and below the forceful "In His Name." Before that there was nothing. Margaret Scott found her needy, prayed for help, and always the help came.

Once it was a family in peculiarly distressing circumstances and urgent need. Mrs. Scott's purse was empty. She was sorely tempted to break her rule and this once ask for help. Her night was long. In the morning she went out wan, but her faith was bright. A man about town, none too good by common judgment, passing, slipped ten dollars into her hand, and the family was rescued. There is the wonderful story of how her way into the segregated district was opened, and of the girls who couldn't come away because they owed money—some queer sense of money-honor living in those girls where every other virtue seems dead, so there is always that to build upon anew.

Mrs. Scott has a keen sense of fun, twinkling humorous experiences at one as she remembers. She and her nurses were, at the instance of the health officer, scrubbing up a terrible house, burning mattresses, letting air and sunshine in. The sick woman lay watching, grim and silent. When her husband came home, her greeting was, "Well, certainly the devil's been busy this day," the meaning of which cryptic utterance Mrs. Scott never quite determined. In the end the purified family moved to the country to get rid of so importunate a health officer.

One of Mrs. Scott's keen joys, besides the satisfactory cases, is the gratitude of those helped who love to come back in better times and contribute to the work of the mission. One family, who had moved away to Brandon, after two years sent three dollars as a donation to the work. There is an increasing number of these donations from former patients of from fifty cents to two dollars and a half. The same spirit leavens everybody whom the work touches.

It was, perhaps, fourteen years ago that Mrs. Scott first had a

trained nurse as an assistant in her work. She had seen something of the Nursing Mission in Toronto, and her own visits had shown her the need of a trained nurse in the homes of the sick poor. Mr. Taylor volunteered the salary of a trained nurse for three months during the winter to help Mrs. Scott. Following the success of this experiment the city offered to pay half the salary of a permanent nurse if Mr. Taylor would be responsible for the other half, and Mrs. Scott for the work. Finally, shortly before Mr. Taylor's death, the city volunteered to pay the whole salary. (The city now gives a yearly grant to the mission; the Provincial Government also recognizes the value of the Nursing Mission by a grant, and the immigration department contributes for any of their people who are looked after). When the work again overtook Mrs. Scott and her nurse, her friends again prayed, Mrs. Scott says, and the Rev. C. W. Gordon was the answer, with an assistant nurse. Finally, in 1904, the Margaret Scott Nursing Mission was founded.

From two nurses to eight, from three thousand visits the first year to thirty thousand last year, that is how the work has grown, and still the spirit of faith burning more brightly and still nothing but voluntary contributions coming in. The educational efforts of the nurses are bearing fruit all the time, the patients in their own homes learning to care for themselves and for others. "They talk about Winnipeg now," said Mrs. Scott, "but Winnipeg is beautiful, beautiful, compared with what it used to be." The nurses all live in the spirit of their head. Both the ladies of the board and Mrs. Scott insist that too much cannot be said of the work of Miss Beveridge, the head nurse, and of her assistants, who now number three on the general staff, three in the children's hygiene department, and two third-year nurses from the Winnipeg General Hospital. For some years the General Hospital has been affiliated with the mission and every nurse graduating from the hospital spends two months with the mission for training in visiting nursing.

The child hygiene department was begun in 1911. During the previous year every third death registered in Manitoba had been that of an infant under one year of age. In 1913, among the 1810 babies under the care of the mission nurses, there were only three per cent. of deaths. The child hygiene nurses follow up the maternity cases registered at the city hall. Every child is followed up for two years after birth, with care, with instructions, with record cards. This child hygiene work was really outside of the work of the nursing mission and was taking the time of the nurses, although at the beginning the city had voluntarily suggested an extra nurse for the work. Now that Winnipeg is having city nurses of its own, they are preparing to take over this child hygiene work from the Margaret Scott Nursing Mission.

This is what Mrs. Scott is always doing. She sees things that need doing, starts them properly going, and then the right official body goes on with the work.

There was the Little Nurses' League, again started by Mrs. Scott and her ladies, and appropriately taken over by the school board. Mrs. Scott had read of this league in New York, had seen how most of the north-end babies are mothered by little sisters, and made her connection again. So the little girls at the Strathcona and Aberdeen schools learn how to bathe the baby (a real one for demonstration, not a doll) and about modified milk, and barley water, and how sour bottles make sick babies. They even go out after the manner of the Boy Scouts spotting shopkeepers with dusty fruit.

Along with the formation of the board of the Nursing Mission came the inception of the auxiliary. In order to leave the mission nurses free for nursing, the auxiliary took over the relief work. The workers are voluntary. They sew children's clothing, provide pneumonia jackets, take delicacies and flowers to the sick and aged at Christmas and Easter, pay visits, give children outings, read to the shut-ins and provide funds that have marvellous elastic qualities in the hands of Miss Beveridge. Mrs. Scott is always at the meetings and finds the cases on her visits. The supply cupboard, an institution at the mission, could tell tales of the auxiliary, and so could a self-supporting woman who became so by the gift of an artificial leg. The public school children at their sewing classes think of that supply cupboard also.

The ladies of the board, feeling shut away at the administrative end of things, while the nurses and the auxiliary had the stimulus of personal contact with the people, asked to share in Mrs. Scott's work a bit. So two of the ladies of the board are visitors for each month. They go to the sick and shut-ins, wherever Mrs. Scott knows visitors would be welcomed. They establish relations practical and sympathetic, find out the details of illness or lack of employment or needs of children, and are able often to fit these needs to a corresponding need for a worker. So the leaven goes on, the visitor helped no less than the visited.

Over all the activities of the mission Mrs. Scott has had the care and the supervision, in addition to her own work, and all that this means no one human shall ever know. Of the work in visits, and in numbers, and in bread, we may know. Souls we may guess at. But of the actual leaven of this woman in all her world who can say till the hidden hearts of men are written out before their faces, and shapely, comely, sane and healthy souls, because of her, crowd happily up to God.

It was time to stop long since, but there isn't any stopping. Don't forget the mothers' meeting, the scribe was warned, the mothers' meet-

ings where tea and cake make a social hour, the tables of clothing or new goods make an excitement, and where a brief address tries to sow seed on good ground. There are the tales the pony can tell, for later on in the story of the mission the gift of a pony came to replace the too-strenuous bicycle. Latterly, the pony has always carried an ice-box, tucked up behind in the buggy, just a simple home-made ice-box, and the little girls bring the ice home each day from a central depot at a possible price, and the milk and the babies have a better chance. The pony knows, too, of a winter afternoon when Mrs. Scott found some poor people out on the prairie without any fire, and straightway came back to the backyard of the mission and loaded up the cutter with wood for over Sunday with her own slender hands and drove back again to the people on the prairie. Always those who love her long to save her, for she is so precious, and always she will not let herself be saved. Lately there have been long illnesses, when the hearts of her friends have stood still in fear.

She has just come back from months at a sanitarium. She went to the postoffice there one day with her sheaf of letters in reply to her Winnipeg friends. She laughs outright as she describes the postmaster's face when he received her mail. Her Christmas mail is like that, too; ill-spelled notes of gratitude, queer husky unexpected blessings from men of whom she thought never to hear again, gifts overflowing. But nothing, nothing will she accept for herself.

And neither praise nor credit will she accept. It is her nurses and her friends and God. She has consented now for the first time that something of her work may be made known, but consented only at the desire of her board, and in the hope that what has been done in Winnipeg may be done again elsewhere. There is no corner of the work that one may touch without revealing Margaret Scott. She is the work.

There lingers in the mind, haunting, drifting, a memory of some poem read and lost—of a man who desired that always he might do good and might not know. And it came about that in his shadow followed all hurt and were healed, all weary and were given fresh life, all troubled and went away with spirit of grace.

So around the cape of the years goes Margaret Scott, in her lengthening fragrant shadow a great multitude following—women of like sweet hearts; mothers with whom she has gone to bring their daughters from dark abodes; men stirred to impulses of nobility; a hundred helping physicians; a girl caught up from an all-wrong life and now married and in missionary work herself happy as can be; a scene shifter from one of the theatres whom she had helped to fresh manhood and who always came to look after the furnace and do the chores, honored by his privilege; mothers left to their families; unblighted

babies; men cheerily at labor; hearts and lives and souls; and smiles come back, and singing.

"Saint Margaret," some love to call her; "the Angel of Winnipeg," an awed man stammers: "Dear Mrs. Scott," of the children; "Lady Scott" to the poor foreigners, and most of all just "Margaret Scott," the very name carrying its own endearment and benediction.—*Winnipeg Free Press.*

WELFARE WORK IN WINNIPEG.

By M. Wonnacott.

Welfare work in Winnipeg began in May, 1913, with two nurses under the direction of Dr. Douglass, City Health Officer. Two more nurses were added the following year when the city took over the Milk Depot and the Anti-Tuberculosis work in which two nurses are employed.

The city is divided into four districts, with one nurse for each district.

Names are obtained from the birth register and mothers visited as soon as convenient. Books on Infant Feeding, printed in three different languages, are left where needed, also a diet list for a child from 12 months to two years of age. Cards with telephone number and address of the Milk Depot make it convenient in case of illness to obtain the services of the nurse whose office is in the Milk Depot.

A great deal of Welfare Work lies along preventive lines, as in a city like Winnipeg there are a great number of young mothers, many of whom are from the Old Country, and know very little, if anything, regarding the care of an infant. The Welfare Nurse is usually a welcome visitor in these homes, and by constant visits the education of the mother on the care and feeding of her infant is accomplished.

In cases of wrong or overfeeding, the mother is advised to take her baby to the Milk Depot, where the services of a physician can be had every morning, except Sunday. Milk for babies is free for those who are not able to pay.

Other cases than those of digestive disturbance are sent to the Outdoor Department of the Hospital or, if the child is too ill to be taken out, a physician is sent from the Health Department. Infectious cases are not attended by Welfare Nurses.

The long tube bottle is almost obsolete, but the pacifier is a great favorite and baby is seldom seen without one attached to its nightie or tied around its neck.

During the winter months, when people are housed in small and overcrowded quarters to save fuel and rent, the windows often become

frozen down, making proper ventilation an impossibility, and children under these conditions become anaemic and frequently develop bronchitis and pneumonia. Whenever possible the baby is put outside to sleep. This helps to counteract the bad effects of inside conditions.

When giving prenatal advice, great stress is laid upon breast feeding with good results shown in cases where the first baby was bottle fed and the second breast-fed, due to the better knowledge of the mother.

Lack of freedom from home responsibilities during confinement partly accounts for some bottle-fed babies. The mother may have a physician and district nurse, but no one to keep house, attend to the small children, or help with care of baby at night. The mother sits up in bed to peel potatoes and does various other things. On the tenth day she will do a necessary washing. I have visited cases where the only housekeeper was a child of six or eight years of age. Father has to be at work and get his night's rest.

During the summer months, when infant mortality is highest, due to intestinal disturbances, usually caused by carelessness in feeding, or overfeeding, we find in many cases that baby has been given fruit, ice cream and coffee. This information is conveyed by willing neighbors to the physician or nurse.

A baby six months old became suddenly ill during the hot days, and upon inquiry it was found the child had eaten seven ripe apricots the previous day. Another sick baby three months old, which was on a formula consisting mostly of whey, was given some filling of chocolate pie. One can imagine the dire result of this sumptuous repast.

We hope in the future that the work of the Bureau of Child Hygiene will, to a great extent, eliminate the evils of the wrong treatment of the infant.

IMPORTANT POINTS.

By R. J. Dunsmore, L.D.S., Neepawa, Man.

It is my purpose in this little pamphlet to set before its readers a few important facts which may be used at such times as they think fit, and as reference as to when children's teeth require attention. I am doing this because in the past I have had good evidence that many teeth are lost through ignorance, and not through carelessness, as I at one time believed.

To start at the beginning, children have twenty teeth; ten in the upper and ten in the lower jaw. These start to appear at six or seven months of age in the anteriors, and are completed at two and a half to three years in the second baby molars. These little teeth should be

kept repaired until such time as they are shed. It was commonly thought years ago that when a baby tooth became decayed or ached it should be pulled out, but experience has proven that this is not always the case. It should be retained in position until the permanent tooth is about to displace it.

Now, between six and seven years of age the first permanent teeth make their appearance in the centre incisors, upper and lower, and at the same time the first permanent molars, upper and lower, at the back of the baby molars. These "six year molars," as they are commonly called, coming in so early, are thought by many to be a continuation of the baby teeth. But such is not the case, and instead of being baby teeth they are the most important in the dental arch, because they regulate the length of bite, and go a long way to decide what the facial appearance will be in later years. Now, between the first permanent molars and the cuspids (or eye teeth) on the upper, and the stomach teeth on the lower, are the two baby molars that are displaced by the bi-cuspids between nine and twelve years of age, and if extracted before that age it will allow the first permanent molar to be crowded forward by the second permanent molar until when the two bi-cuspids come in they will not have room, and one will be deflected toward the cheek and the other toward the mouth. Or, in the event of the baby cuspids having been lost they will move forward and occupy the space intended for the permanent cuspids, so that when these teeth do come in they, as a rule, protrude over the incisors, causing a malformation and a decidedly disagreeable appearance.

By keeping these few facts in mind, parents can, in many instances, regulate the contour of their children's faces at the time when the features are really being moulded, thereby deciding whether they shall have in after years an unsightly and bothersome set of natural teeth, or an even, well modulated countenance, towards which properly cared for teeth are an all important factor.

ST BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA

St. Boniface Hospital is situated at the junction of the Red and Assiniboine Rivers, opposite the city of Winnipeg. The situation is perfect for hospital purposes, its position being sufficiently removed from the business part of the city to be free from noise and confusion, and yet possess all city advantages.

The grounds are spacious, consisting of six acres, arranged into gardens, lawns and parks.

It is in no sense a sectarian institution, as people of all creeds and nationalities receive alike the best that modern nursing is capable of supplying.

This hospital is conducted by the Sisters of Charity and is one of the largest of the numerous branches of the Grey Nuns of Montreal. In 1844 the first four Sisters arrived at the Red River Settlement (Ft. Garry), but as the population was small and their means limited, they could not erect a building devoted exclusively to hospital purposes, so they opened their convent doors to the public and began nursing and visiting the sick.

In 1871 the first hospital was built. It was a small two-storey building, with the unique capacity of accommodating four patients, but this becoming inadequate in 1877, a larger house was secured, which could accommodate ten patients; but it was not until 1887 that the first part of the present hospital, measuring 46 ft. x 80 ft., was erected, and in 1893 a transept wing 50 ft. x 100 ft. was added. In 1899 the Isolation Hospital, known as St. Roch's, was enlarged so as to accommodate sixty patients.

As we are at the threshold of the great gateway to the Northwest, the constantly increasing influx of population, while adding to the commercial prosperity of the general public, also brings the problem of increased means of meeting the corresponding proportion of medical and surgical diseases that naturally follows, and so the Sisters endeavor to do their part in this essential undertaking for the benefit of the public. Consequently, in 1903 the present magnificent modern south wing 36 ft. x 223 ft. was built, and in October, 1905, was formally opened. The transept was demolished in June, 1914, to give place to a larger and more spacious addition, consisting of new up-to-date surgical and electrical departments, now under construction.

A feature of the building is the roof garden, which covers 10,000 square feet, and from which a splendid view of the surrounding country can be obtained.

The hospital now stands an imposing structure of massive brick, with a frontage of 400 ft., and can accommodate 375 patients. The staff consists of forty-two Sisters, and there are fifty nurses in training. The hospital from a very humble beginning has so developed that it can now favorably compare, both in size and equipment, with many of Canada's largest institutions of a similar nature.

In 1897 the Sisters opened a training school for nurses, with Sister Parent as Superintendent, and a two years' course was given. This was continued until 1913, when Sister Wagner, a graduate of St. Vincent's Hospital, Toledo, Ohio, became Superintendent of Nurses, and, owing to her foresight and ability, a complete course of three years is given, including medical, surgical, gynecological, pediatrics, obstetrical, and contagious and infectious diseases.

Annie C. Starr,
753 Wolseley Ave., Winnipeg.

Editorial

CO-OPERATION

Following the plan indicated in the February number, the Manitoba Association of Graduate Nurses has supplied the first articles of this issue.

This hearty co-operation is very gratifying to the Directors, and the extra work does not harm the Provincial Associations, rather the opposite, for they are thus brought to realize some of the needs of the magazine. And, too, the actual work will beget a new and keener interest, which will bear fruit when the National Association makes its appeal for definite assistance to make possible the transfer of the magazine into the hands of the National Association.

And when this appeal comes we are satisfied that each and every Association will be ready to take its full share of the responsibility, for only in this way will this forward step be made possible.

RED CROSS SUPPLIES

The Canadian Red Cross, through Mrs. Plumptre, who has charge of supplies, has appealed to the nurses to be responsible for the preparation of surgical supplies for use at the front. The Red Cross offered to provide the material as far as necessary if the nurses would take charge of making the supplies. The hospitals are generously doing their part by sterilizing the dressings and, in some cases, packing the Red Cross boxes ready for shipment.

As this seems peculiarly the contribution the nurses should give, there will be no doubt about the heartiness of the response, which will mean an abundance of surgical supplies.

Many beside nurses desire some part in this work, and this gives the opportunity for the nurse to multiply her work many times by directing the work of a group or groups, for, after all, there can not be too large a supply of dressings, etc.

The nurses have been doing their part nobly and they will continue the good work, so relieving the Red Cross authorities of any anxiety in this matter.

THE ANNUAL MEETINGS

The annual meeting of the Canadian National Association of Trained Nurses was to have been held in Vancouver in May, 1915, but, owing to conditions caused by the war, it seems probable that this meeting will be postponed or perhaps omitted for this year.

The different affiliated associations have been communicated with, and all favor postponement, but up to the time of going to press the Executive had not been able to convene, so that no definite statement can be given. This will be given in next issue.

The Superintendents' Society is evidently considering the advisability of a similar step, as the following indicates:

"Owing to the probability of the annual meeting of the Canadian National Association being omitted this year, the president of the Canadian Society of Superintendents of Training Schools for Nurses, Miss Helen Randal, has sent a letter to each member asking for their opinion on the advisability of the society doing the same thing.

"War and financial conditions would make it appear that nothing more than a local meeting could be arranged. While regretting that this seems necessary, they look forward to a larger attendance."

It seems rather unfortunate that these meetings have to be either postponed or cancelled, but better this than a meeting that would not be representative. The necessary business can be transacted by the Executive, who can always get into touch with their members by correspondence. And just here we would urge careful consideration of and prompt response to all correspondence submitted, so as to facilitate any business that may be necessary.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck.

The Executive held its monthly meeting on January 27th, at the Nurses' Club, Sherbourne Street, Toronto. There was a good attendance. A number of applications were accepted.

The revised By-laws passed at the Annual Meeting in September are now printed and ready for distribution. It is advisable that the Chapters study these By-laws so that a clear understanding may be obtained. It was decided to accept the invitation of the Kingston Chapter and hold the Annual Meeting there in May.

The question of sending a representative from the Executive to visit the Chapters was discussed, but nothing decided.

The meeting adjourned to meet again the fourth Wednesday in February.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

The Montreal Baby and Foundling Hospital has been moved to the new building on St. Urbain Street, which is very complete in every particular.

The Committee gave a reception and parcel tea on January 29th, to which a parcel was taken and one purchased, which afforded great amusement and was very successful.

Following is a complete list of the nurses from the General and Royal Victoria Hospitals who have been accepted for service in the McGill General Hospital for overseas service:

Miss McLachey, Matron, Quebec Military Hospital.

From the Royal Victoria: Mary F. Steele, Toronto; Louise J. Brand, Montreal; Constance W. Harrison, Montreal; Alice M. Stewart, Montreal; Jessie M. Sedgewick, Middle Musquodobolt, N.S.; Margaret I. MacIntosh, Halifax, N.S.; Cora P. Archibald, Truro, N.S.; Nellie J. Enright, Ottawa; Ruby R. Graham, Campbellton, N.B.; Margaret Woods, Welsford, N.B.; Frances MacKeen, Rothesay, N.B.; Olive Fitz-Gibbon, Montreal; Ellen Carpenter, Montreal; Victoria Eastwood, Montreal; Janet Rodd, Montreal; Margaret Park, Montreal; Claire MacLeod, Charlottetown, P.E.I.; Dorothy Cotton, Almonte, Ont.; Char-

lotte Jack, Sans Bruit, Que.; Harriet Drake, Montreal; Edith M. Powell, Ringwood, Hants, Eng.

From the General Hospital: Beatrice Louise Armitage, A.M.C., Sherbrooke; Ella Pearl Babbitt, Gagetown, N.B.; Harriett Edith Carmen, 4378 Western Avenue, Westmount; Isabel Davies, A.M.C., 151 Brock Avenue, Montreal West; Florence Isabel Gertrude de Con, A.M.C., Strathroy, Ont.; Elizabeth Lilian Dickie, River Charlo, N.B.; Mary Evelyn Engelke, 4925 Western Avenue, Westmount; Roberta Gourlay, Egonville, Ont.; Miss Hoerner; Rachel McConnell, Ballywahinch, Ireland; Louise McGreer, 51 Milton Street, Montreal; Charlotte Louise McNaughton, 595 Roslyn Avenue, Westmount; Marie Muir, 4134 Dorchester Street West, Westmount; Annie Murphy, 19 St. Mark Street, Montreal; Julia Marjorie Ross, 43 Lorne Avenue, Westmount; Louise Myrtle Stevens, Wallace Grant, N.S.; Miss McLeod.

I SHALL NOT PASS AGAIN THIS WAY

(This poem, much worn, was found in the desk of Mr. Daniel S. Ford, the proprietor and editor of "The Youth's Companion," after his death when his desk was cleared by loving hands. It explains much of Mr. Ford's wide and generous benefactions.)

The bread that giveth strength I want to give;
The water pure that bids the thirsty live;
I want to help the fainting day by day;
I'm sure I shall not pass again this way.

I want to give the oil of joy for tears;
The faith to conquer cruel doubts and fears,
Beauty for ashes may I give alway;
I'm sure I shall not pass again this way.

I want to give good measure running o'er,
And into angry hearts I want to pour
The answer soft that turneth wrath away;
I'm sure I shall not pass again this way.

I want to give to others hope and faith;
I want to do all that the Master saith;
I want to live aright from day to day;
I'm sure I shall not pass again this way.

—Public Health Journal.

DON'T STOP.

By Rudyard Kipling.

If you stop to find out what your wages will be
And how they will clothe and feed you,
Willie, my son, don't you go on the Sea,
For the Sea will never need you.

If you ask for the reason of every command
And argue with people about you,
Willie, my son, don't you go on the Land,
For the Land will do better without you.

If you stop to consider the work you have done
And to boast what your labor is worth, dear,
Angels may come for you, Willie, my son,
But you'll never be wanted on Earth, dear!

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B. C.

HOSPITALS AND NURSES.

British Columbia

The annual meeting of the Alumnae Association of the Vancouver General Hospital was held at the Nurses' Home, General Hospital, on Tuesday, January 5th, 1915.

The following officers were elected for the year: Miss McLane, President; Miss Currie, 1st Vice-President; Miss Guillod, 2nd Vice-President; Miss Atkinson, Secretary-Treasurer; Executive Committee: Misses Hart, Maxwell and Judge; Sick-Visiting and Social Committees were also formed, and plans for the year's work were discussed, and the Executive Committee was instructed to draw up a programme.

The annual meeting of the Vancouver Graduate Nurses' Association was held at the Nurses' Club, on Wednesday, January 6th, 1915. Miss Trew, President, was in the chair. There were 23 members present. The annual reports for 1914 were read. Registrar's report showed "Number of calls during 1914, 1,101; number of nurses on registry, 155."

Sec.-Treasurer's report showed number of paid-up members December, 1914, 89; number joined during 1914, 19; funds in bank, $61.75; Sick Benefit, $216.52. Ten members had received cheques from the Sick Benefit during the year, making a total of $250.

The following officers were elected for the year: President, Mrs. Johnson; 1st Vice-President, Miss Bone; 2nd Vice-President, Miss Breeze; Secretary-Treasurer, Miss Judge; Executive Committee, Misses Barnard, Walker, L. Wilson. Sick-Visiting and Entertainment Committees were also formed, and a motion was put, to be voted on at the next meeting, to raise the membership fees of the V.G.N.A. in order to help the Sick Benefit Fund.

Miss Ruth Fraser (V.G.H.) has taken charge of the hospital at Hedley, B.C.

Miss J. McLennan (V.G.H.) has taken a position in the Chemainus Hospital, B.C.

Miss M. Rose (V.G.H.) and Miss Ethel Boultbee (V.G.H.) have been called from Vancouver to go to England with the second contingent. Miss Boultbee had lately taken a position in the hospital at Uplands, California, and will proceed from there to Ottawa.

Manitoba

Miss Ida K. Bradshaw, Winnipeg, was a visitor in Toronto during January. Miss Bradshaw is Convener of the Legislation Committee of the Manitoba Association. The Editor was delighted to meet her.

The nurses of the Brandon General Hospital were the hostesses of a large reception on January 8th, on the occasion of the opening of the

nurses' new home. About 100 guests were present during the afternoon, and after being shown over the building, which was tastefully decorated for the occasion with flags and red, white and blue bunting, were received at the entrance of the large lecture room by Miss Birtles, Matron, and Mrs. Hatcher. Nurse Fortune and Nurse Morrison presided over the daintily arranged tea table, which was centred with a cluster of red and white carnations, while Nurse Waddy cut the ices. They were assisted by a bevy of nurses. During the afternoon Miss Norma Bates rendered a number of delightful selections on the piano. In the evening the band of the 99th, through the kindness of Capt. Whillier, played for dancing. After a very enjoyable programme a delightful supper was given. Games and cards were also played during the evening. Following supper short speeches were made by Mr. A. C. Hill, Mr. N. Campbell, Mr. D. McKinnon and Mr. Swalwell.

Miss Jean Morrison, having completed her course of training at the Neepawa General Hospital, sailed for her home in Scotland on November 26th, 1914, where she expects to take up Red Cross work.

Miss M. Caney, R.N., of Winnipeg, is spending a few weeks as the guest of Mrs. Connell, of Stoney Creek, Man.

The St. Boniface Nurses' Alumnae Association held a very enjoyable whist party at the Nurses' Residence, 753 Wolseley Ave., on the evening of December 30th, in honor of Miss Mary Holden, a bride-to-be. Miss Holden succeeded in winning the first prize and Mrs. E. A. Jones the consolation prize. On behalf of the alumnae, Miss A. C. Starr presented Miss Holden with a cut glass berry bowl. The address was read by Miss Stella Gordon. Refreshments were then served, bringing a most enjoyable evening to a close.

Miss Margaret Meehan, of St. Boniface Hospital, class '09, is spending a holiday with her sister in Toronto.

Mrs. Thomas Montgomery, of St. Boniface Hospital, class '05, is taking a post-graduate course at Sloane's Maternity Hospital, New York.

Miss M. Nordgren, of St. Boniface Hospital, class '10, who has been visiting her friend, Miss May Rogers, for several weeks, has returned to her home in Warren, Minn., to resume her work as a private nurse.

Miss Harty, charge nurse at the Misericordia Hospital, has returned from a holiday spent in St. Paul, Minn., with her sister.

Miss M. Doyle and Miss M. Paul, of St. Boniface Hospital, are taking their maternity training at the Misericordia Hospital.

Mrs. Geo. McDonald (nee Bessie Matheson), of St. Boniface Hospital, class '12, who is living in Chicago, spent the Xmas holidays with her mother in Winnipeg.

Miss Mary O'Leary, of St. Boniface Hospital, class '13, has returned from New York, and will do private nursing in Winnipeg.

While in New York Miss O'Leary took a post-graduate course at Sloane's Maternity Hospital.

Miss Berthe Didion, class '13, St. Boniface Hospital, was one of the fortunate nurses called for the seat of war. Miss Didion is especially fitted for the work, as she speaks fluently French, German, Belgian, and English. She was educated in Antwerp.

Miss Villyard, class '12, St. Boniface Hospital, was also called for war duty. Her work in surgery will be of great benefit in her nursing.

Ontario

At the January meeting of the Graduate Nurses' Association of Thunder Bay District, a very interesting paper, entitled "Facts About Milk," was given by Miss Farmer, Dietitian at McKellar Hospital, Fort William. The subject was dealt with under five headings, as follows: 1. Changes which take place in milk; 2. Impurities of milk; 3. Common adulterants; 4. Preservatives; and 5. Proper care of milk by the consumer.

At the February meeting the first of a series of papers on "Life of Florence Nightingale," was given by Miss Turner. The Association is buying a copy of Sir Edward Cook's "Life of Florence Nightingale," and different members will follow up her life during the present term. This idea came to the Association through The Canadian Nurse. It promises a very interesting part of the programme for meetings.

Miss Beth Smellie, one of the members of the Association, daughter of Dr. Smellie, of Port Arthur, and graduate of Johns Hopkins Hospital, left the Twin Cities, Saturday, January 23rd, for Ottawa, to go to England or France.

Miss Sherrat, a member of the Association since its beginning in 1911, died at McKellar Hospital, Fort William, January 10th. While in poor health for several months, her death came as a great shock to her many friends in the Twin Cities, where she had done private nursing for five years, and won the confidence and esteem of all who knew her. The cause of death was brain abscess.

The Graduate Nurses' Association of Thunder Bay contributed twelve dollars' worth of made-up bandage material to the Women's Patriotic Auxiliary of Fort William during the month of January.

The regular monthly meeting of the Alumnae of the Ottawa General Hospital was held Friday, February 5th. After the regular business was disposed of, discussion re a Valentine party took place. It was decided to hold one on February 13th, in the Graduate Nurses' Clubhouse.

Mrs. S. O. Hogan, of Edmonton, paid a flying visit to Ottawa during December. Her many friends, both in the hospital and city, were pleased to welcome her. Mrs. Hogan is a graduate of O.G.H.

A number of the doctors and nurses, beside many personal friends, were at the Central Station Thursday night to wish Miss Riordan good-bye and God-speed. Miss Riordan is the first graduate of the O.G.H. to leave for the front.

Miss A. Turcotte (O.G.H.) has returned to town after an extended visit in Pembroke.

We are pleased to report that Miss Lillie Smith, Graduate of Grace Hospital, Toronto, is convalescing after a critical operation.

Miss Helen Fowlds, graduate of Grace Hospital, Toronto, Class '13, left Ottawa on February 4th for Halifax, on her way to active service in England.

Reverend Mother De Pazzie, for the past seven years Librarian at St. Michael's Hospital, Toronto, died suddenly on January 28th. Previous to assuming her duties at the hospital Mother De Pazzie was for eighteen years Mother Superior of St. Joseph's Community. She will be greatly missed by all who were associated with her.

The Sisters at St. Michael's Hospital are still busy with their grey knitting. Since the beginning of the war every spare minute has been spent making comforts for our soldiers.

The Alumnae Association of St. Michael's Hospital held their regular meeting on Monday, February 8th, in the lecture room of the hospital. The President, Miss Stubberfield, presided. There was a good attendance, and much business was disposed of.

Miss Dolan very kindly gave a few vocal selections.

Miss MacDermid, graduate of the Toronto Western Hospital, who has been doing private nursing in Vancouver and other Western cities, has returned to Toronto.

Miss Neelands, graduate of Toronto Western Hospital, who has been nursing in the West, has returned to Toronto owing to ill-health, and is a patient in the Alumnae Ward of the T.W.H.

The second meeting of the Kingston Chapter of the G.N.A.O. was held in the clinic room of the Empire Wing, Kingston General Hospital, on Thursday afternoon, February 4th. There was a large attendance, several new members joining.

Miss Milton was in the chair and explained the work and object of the Association in a very able manner.

Rev. Dean George L. Starr, Dean of Ontario, who has but recently returned from France, gave a very interesting and instructive address on the war and his experiences while at the front. During the course of his address he showed several trophies he had obtained during his travels. Among them were the Iron Cross (taken off a dead German), the Victoria Cross, the Legion of Honor, pieces of shell, ammunition, etc. He told about his experiences in the hospitals, saying what seemed to him most striking was the air of cheerfulness which prevailed in

the wards, and the sympathy and kindness of the nurses. In one hospital he visited everybody seemed so happy and cheery, he said, as he entered a ward: "Oh, you fellows are having too good a time, you should all be back at the front." One young fellow called out laughingly from his bed, waving the bandaged stump of an amputated leg: "Oh, sir, I gladly would if it weren't for this." The speaker gave great praise to the British and Canadian Red Cross workers.

The gathering then adjourned to the Nurses' Home, where tea was served. Mrs. Geo. Nichol and Mrs. S. Campbell were in charge of the tea table, which was centred with a bowl of red and white carnations on a red cross.

Miss Brebner rendered several patriotic vocal and piano solos in a delightful manner.

Miss Grace Hiscock (Clifton Springs) and Mrs. Geo. Kidd (nee Miss Lulu Hatey, K.G.H.) have returned to Kingston from Quebec, where they have been taking the military course.

The Kingston Alumnae are busy making bandages and other supplies for the Red Cross Society.

Miss Wren, Superintendent of the G. and M. Hospital, St. Catharines, entertained the Alumnae and their friends on the evening of January 10th, when dancing and cards were enjoyed. All had a very enjoyable evening and greatly appreciated the kindness of Miss Wren.

Miss Cora M. Pike, graduate of G. and M. Hospital, St. Catharines, Class '14, has returned to the city to do private nursing.

The monthly meeting of the Central Registry Committee was held at the Toronto Graduate Nurses' Club, 295 Sherbourne St., on Monday, February 1st, at 3 p.m. The convener, Miss Wardell, presided. Fourteen members were present. Three applications were considered and accepted. There were 291 calls for January, 155 of which were to the hospitals of the city.

Receipts for the month—members' fees, $315.00; sale of charts, $6.60—$341.60.

Expenditure—$172.45; to Extension Fund, $300.00—$472.45.

Total balance—$1,640.54.

Miss J. M. Elliott, graduate of Toronto General Hospital, and Miss Fowlds, graduate of Grace Hospital, Toronto, sailed from Halifax on February 7th for the war zone.

Miss Hutton, graduate of Royal Alexandra Hospital, Fergus, has accepted the position of head nurse in Welland General Hospital.

Miss Pringle, graduate of Toronto Western Hospital, has gone to Port Hope Hospital for night duty.

Miss Mitcheson, graduate of Laura Franklin Hospital, New York, has accepted a position in the New York Nursery & Child's Hospital, New York.

Miss Jessie Ferguson, graduate of Clifton Springs Sanitarium, has returned there to do special duty in the hospital.

Miss Nicol, graduate of Riverdale Isolation Hospital, Toronto, is now in a position in the Babies' Hospital, New York.

Miss Oram, graduate of Toronto General Hospital, is in charge of a floor in the private pavilion of Toronto General Hospital.

Miss Mary Johnston, graduate of Hamilton City Hospital, who has been in Grace Hospital, Toronto, for several weeks, suffering from typhoid fever, is now home and, we are pleased to hear, is on a fair way to recovery.

The increased accommodation for the nurses of Brandon General Hospital adds greatly to the comfort of the staff. The building cost $15,000.00.

A second hospital has been opened at Exhibition Camp, Toronto. The Toronto Ladies' Liberal Association had charge of the furnishing, in which sister associations in Ontario assisted.

The new hospital has been carpeted with matting, and mats placed at every bedside. Dainty curtains soften the light of the innumerable windows. Many of the cots are made private by screens, and made comfortable by bed rests, invalid tables, waterproof sheets, fracture cradles and metal foot warmers. For all patients pyjamas, khaki jackets, bed socks and wrappers have been provided, and for those able to sit up large easy chairs and cushions. Two huge porcelain baths have been installed. Sufficient china, glass, cutlery, spoons, forks and trays, as well as nearly all the cooking utensils, were given. All the Toronto daily newspapers, a large library of books and magazines are to be found on neatly covered tables, as are writing materials, games and cards.

Hamilton: Sincere sympathy is extended to Miss Hill on the death of her mother, and to Miss Mc. McColl on the death of her sister.

Mrs. King has finished her post-graduate course at Mount Sinai Hospital, and is doing settlement work in New York.

Miss Bessie Sadler, who has been ill for several weeks, is at present a patient in the City Hospital. We hope to hear of her speedy recovery.

Miss Ethel Brennen, who has been for some time in the West, has returned to the city to take up private nursing.

Miss O. Watson, who was operated on at the City Hospital two weeks ago, has fully recovered.

Miss Brooking, of the Alexandra Home for Girls, addressed the Public Health Nurses' Association, Toronto, on the work in which she is engaged.

This home is for delinquent girls who, for some reason or other,

have come under the notice of the proper authorities; girls who are mentally and morally, and consequently physically, unable to cope with surrounding conditions and have broken the conventional laws of society in such a way that the public demands their restriction.

These children come principally from the slums of the city or the wilds of the country. In very few instances do we have any from a small community or village. In the slums poverty is very acute and overcrowding prevalent, and the standard of living becomes very low with its accompanying immorality. The children are under-nourished, even before they are born, and are allowed to grow up without any moral training and are undeveloped mentally.

In the remote country places conditions are different, but the results are the same.

Abnormal humanity, because of failure to cope with the difficulties of competing with their more shrewd fellow creatures, get tired, and drift to these places where they can subsist in misery and wretchedness and immorality until some episode arises, some horror awakening us to the menace, and punishment results. The source of this evil is very prolific—the supply being greater than the forces at work, and we have bad conditions to face.

These schools are handicapped from lack of room, one of the first requirements being that these girls have separate rooms. At present, the single bed accommodation numbers one hundred and ten, and there are one hundred and twenty girls, so it is necessary that the least harmful cases be put together. If there were more beds they would be quickly filled, but for lack of means and workers these problems cannot be dealt with adequately, and in the meantime criminals are breeding.

Good results are hard to obtain and hold, because of the ancestry being so low. We find sixty per cent. undernourished. While hunger is stilled, the necessary amount of nourishment isn't obtained.

When these children come to the home, absolutely neglected, physically and morally, and are mentally deficient, it is difficult to make them strong enough in their own poise to withstand the temptations of the world when, at the end of two years, their term of isolation has ended.

We at once try to improve them physically by beginning normal child life with over-abundance of sleep, change in the daily routine, and good wholesome food.

They rise at half-past six in the morning; breakfast, attend prayers; perform the morning chores assigned them—practical work for part of the day and study part of the day. They have one and a half hours' recreation in the middle of the day. They walk in the fresh air from four to half-past five in the afternoon, then have supper

and another hour's recreation, when they may read, sew, play games, etc. An officer is always in charge directing, controlling and assisting. They then have an hour's study, and retire at half-past eight.

Invariably, we find these children have to be trained to like these innocent games.

They are given a training in domestic work, the different departments being carried through the whole routine of work. Girls who show special ability for any special line of work are given a chance to prove their efficiency, and often girls leave the institution mistress, to a great extent, of some chosen work. Several girls in our large departmental stores are girls who have risen to the occasion of earning their livelihood in a modern way.

When a girl is ready to leave the home, great stress is laid on the selecting of a home for her—one that tends to lead to a normal life and raise her standard of living.

This work should be brought to bear more on the minds of the public, moulding them so that more adequate means of dealing with the individual may be maintained both during the period of isolation and freedom. Until the veil is withdrawn, conditions and not individuals will be most helped.

Quebec

The Annual Xmas Tree of the Jeffery Hale's Hospital, Quebec, and the graduating exercises were held as a combined entertainment the evening of December twenty-second, in one of the wards of the MacKenzie Memorial Wing, which was prettily decorated with flags and ferns for the occasion. After a short programme, consisting of a piano solo, song, and recitation, Dr. Carter addressed the graduates, complimenting them upon their good work and success while in training and encouraging them in their future work. Mr. and Mrs. J. T. Ross presented the diplomas and school pins, after which the Rev. Mr. Perry addressed the graduates.

Santa Claus then came upon the scene and all had a merry time while he distributed the numerous gifts. Refreshments were served and a very jolly evening ended up with the usual dance.

The graduates are: Misses Ida Crompton, Hilda Stevenson, Emily Lenfesty, Winnifred Winterbourne, Anna Davis, Elsie Walsh, Grace Matthews, Marjorie Woodley, and Ethel Forrest.

Among the nurses who went to England with the first contingent were the following Jeffery Hale's graduates: Misses Daisy Binning, Elizabeth Ponting, Mabelle Jamieson, Bertha Cromwell, Elsie Leslie, Effie Dixon, and Mrs. F. Frew.

A civic hospital, to cost some $100,000, is in course of erection at Quebec. There will be accommodation for forty-four patients. Spe-

cial balconies are being erected at the north and south ends, which will enable visitors to see patients without fear of infection. The hospital, which will be one of the most handsome structures of its kind on the continent, will be opened about the middle of April.

Miss F. M. Shaw has returned to Montreal.

Miss Lily Carter, M.G.H., class '12, is taking a military training in Quebec.

Miss M. V. Young has returned from England and is living in Quebec.

The formal opening of the new Foundling and Baby Hospital, St. Urbain St., Montreal, took place on January 30, 1915, when the celebration took the form of a "Parcel Tea."

The new hospital is fireproof and most modern in every way.

In the basement is a large milk station, in which, eventually, it is hoped, a large part of the milk for the city milk stations will be prepared.

On the first floor are the Superintendent's suite, two wards for private patients and special cases, the board room, day and night nurseries, observation ward, isolation ward, operating rooms, and head nurse's room.

On the second floor are four large wards for small babies, two semi-private wards, and a solarium, 10 ft. x 50 ft., at each end, out into which the cots may be wheeled each day.

The third floor is devoted to the nurses' bedrooms and sitting room, and the servants' quarters.

The hospital has accommodation for one hundred and twenty beds.

The Training School for Infants' Nurses, in connection with this hospital, has for a number of years been a great boon to mothers in Montreal who needed the services of an infant's nurse.

The cornerstone of a new hospital at Millville, N.J., was laid on January 17th. This new institution was given birth through the personal efforts of Mr. Dix, who donated $10,000, with the understanding that the town of Millville was to raise $20,000 in addition.

The movement afterward received the co-operation and assistance of other well-known citizens of the town.

The hospital is planned along the most modern lines and will accommodate thirty-two patients. The equipment is of the most modern type.

Mr. Henry A. Dix, who made this new hospital possible, is head of the house of Henry A. Dix & Sons Co., manufacturers of the well-known Dix-Make Uniforms.

TRUE DEEDS OF HEROISM

The Canada Lancet, speaking editorially, has the following under this heading:

"We are not going to discuss what courage is. Many learned theories have been advanced, but the one we are concerned with for the moment is that members of the medical and nursing professions have exposed themselves to extreme danger in the discharge of their duties.

"Army surgeons have gone into the trenches of the allies in order to render first aid to the wounded, and have suffered heavily for their bravery and devotion to duty. Nurses have, on many occasions, remained at their posts within the range of the enemy's fire, and have attended the sick and wounded in buildings that were exposed to shell fire, making heroic efforts to have their patients removed to points of safety. For such acts a number have already won national recognition, and have been honored with various titles.

"While war brings out some of these high and noble qualities, it has also revealed some of the basest that can be found in human nature. There are many well-authenticated instances where Red Cross nurses have been fired upon, mutilated and imprisoned because they aided the wounded of the opposing army."

KEEP GOING

When one task is finished, jump into another. Don't hesitate. Don't wait. Keep going.

Keep going. Doing something is always better than doing nothing.

For activity breeds ambition, energy, progress, power. And hesitation breeds idleness, laziness.

Save the half hours that are wasted in waiting. Take time once for all—the best hour of the twenty-four—to plan ahead. Then keep to schedule. That is the secret of system. Keep going.

BIRTHS

At Winnipeg, Man., on January 10, 1915, to Mr. and Mrs. J. H. Greene, a daughter. Mrs. Greene (nee Laura Sinclair) is a graduate of St. Boniface Hospital, class '10.

At Weston, Ont., on January 13, 1915, to Mr. and Mrs. Scythes, a daughter. Mrs. Scythes (nee Tompkins) is a graduate of Toronto Western Hospital.

THE NURSES' LIBRARY.

The Canadian Woman's Annual and Social Service Directory. Edited by Emily P. Weaver, A. E. Weaver, E. C. Weaver, B.A.

McClelland, Goodchild & Stewart, Toronto.

It is impossible in a few lines to give any adequate idea of the vast amount of valuable information presented in the 320 pages of this 12mo. volume, the first of its kind. Every branch of work in which women are interested is treated and all available data given. No worker now need wonder what women in other places are doing. The information and data you require are all here. Social Service workers, especially, will appreciate this volume. Its price is only $1.00.

Lectures to Nurses. By Margaret S. Riddell, Assistant Matron the Royal Hospital for Sick Children, Edinburgh, late Assistant Matron Chelsea Infirmary, London; Certificated by St. Bartholomew's Hospital, London; and late Lecturer in Nursing at the Southwestern Polytechnic Institute, London. Profusely illustrated. Price 3/6 net.

The Scientific Press, Limited, 28-29 Southampton Street, Strand. London, W.C., England.

This volume contains three courses of lectures, one for first-year, one for second-year, and one for third-year pupils. The courses are complete and well arranged.

The Fourteenth Annual Report of the Canadian Association for the Prevention of Tuberculosis has been received. The report embodies the transactions of the Annual Meeting at Halifax, N.S., in July, 1914. The excellent and enlightening papers will be read with interest. The great strides made in combatting tuberculosis are indicated in the report of the Executive, whose educational work has been carried on with such vigor and marked success.

A copy of the report may be obtained by writing the Secretary, Dr. George D. Porter, Bank Street Chambers, Ottawa.

Obstetrical Nursing. A Manual for Nurses and Students and Practitioners of Medicine. By Charles Sumner Bacon, Ph.B., M.D., Professor of Obstetrics, University of Illinois and the Chicago Polyclinic; Medical Director, Chicago Lying-In Hospital and Dispensary; Attending Obstetrician, University Chicago Polyclinic, Hernotin, German and Evangelical Deaconess Hospitals. 12mo, 355 pages, illustrated with 123 engravings. Cloth, $2.00 net.

Lea & Febiger, Publishers, Philadelphia and New York, 1915.

The author treats his subject very fully and gives the nurse the clear and definite information she needs to enable her to be an efficient assistant to the physician, nor need she be at a loss should she be alone

Non-Slipping
Knee and Thigh Support and Foot Brace

Keeps the Patient from Sliding Down in Bed

Bottom View, Showing Non-Slipping Attachments

A Comfort-Giving Appliance Needed in Every Sick-Room

Patent Applied For

Supports and Rests the Knees

Makes a Comfortable Head-Rest

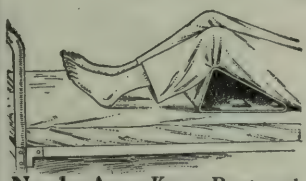
Fowler Position Obtained When Used With Back-Rest

Length, 21 in. Bottom Width, 10 in. Height, 7 in. Weight, 3½ lbs.

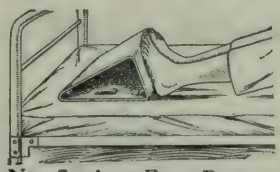
Bed-ridden patients invariably slip towards the foot of the Bed, and lifting a patient up again means laborious work for the Nurse. The "Meinecke" Non-Slipping Knee and Thigh Support prevents the patient from sliding down.

The Rubber Attachments on the bottom, which prevent the Knee Support from sliding, are corrugated, and are detachable. The Support itself is made of light-colored, fine quality veneered wood, and is varnished all over with Valspar Waterproof Varnish.

Illustrations Showing How The Non-Slipping Knee Support is Used



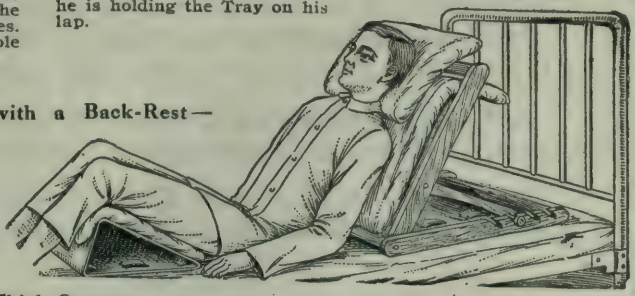
No. 1—As a Knee Rest and Thigh Support—Prevents the Patient from sliding down in Bed. Gives a more comfortable position by flexing the knees, thus relieving all strain from the Spine and Abdominal Muscles. This makes it especially valuable after childbirth.



No. 2—As a Foot Brace—Prevents the Patient from sliding down. Also useful as a brace for the Feet when a Patient is eating, especially if he is holding the Tray on his lap.

No. 3—As a Head Rest—Much firmer than a Bolster, and not so heating. Does not sink in the Bed or slide.

No. 4—In Combination with a Back-Rest—Gives the required Fowler Position for Post Operative Work; also for Proctoclysis (Continuous Rectal Irrigation). For Convalescents it also provides a comfortable position for reading or writing.



Retail Price of Knee and Thigh Support.....Each, $5.00

Special Price Made to Hospitals and Sanatoriums

Meinecke & Co., 48-50 Park Place, New York

with her patient at delivery. Graduates will find here a real mine of information on this subject.

These two tiny 6d. books have been received from The Scientific Press, Ltd., 28, 29 Southampton Street, Strand, London, W.C., England—**The Midwife's Pocket Encyclopaedia and Diary**, and **The Nursing Mirror, Pocket Encyclopaedia and Diary.**

A Complete Handbook of Midwifery, for Midwives and Nurses. By J. K. Watson, M.D., Edin., Author of "A Handbook for Nurses," "Examination of the Urine," "Wounds and Their Management," etc.

Third Edition, thoroughly revised. Over 150 illustrations. Price 6/- net.

The Scientific Press, Limited, 28, 29 Southampton Street, Strand, London, W.C., England.

This is a very complete treatise on this subject. The author believes "that the midwife who has taken all pains to become as conversant as she can with the theory of the subject will be more ready to appreciate her own dependence on medical assistance in times of difficulty and complexity, without forfeiting her powers of self-reliance and resourcefulness than she who has contented herself with acquiring the minimum amount of knowledge which may allow of her being certificated."

A little knowledge in this, as in other things, is dangerous. A nurse specializing in this branch will find this book very helpful.

DEATHS

On January 8, 1915, at Brooks, Alta., Mrs. Charles Anderson (Pearl Shatford), graduate of Grace Hospital, Toronto, class '08, after a long and trying illness.

At McKellar Hospital, Fort William, Ont., Miss Sherrat, member of the Graduate Nurses' Association of Thunder Bay District.

At Fergus, Ontario, on January 22, 1915, Miss Harriet I. R. Green-Armytage, graduate of Toronto General Hospital, class 1894.

On January 24, 1915, at St. Luke's Hospital, Chicago, Miss Margaret Edith Johnstone, Directress of St. Luke's Training School,

A Message To Every Canadian Nurse

When you read of "Cereal Infant Foods", Malted Foods, and Infant Foods requiring the *addition* of milk, you realize the contrast between these goods and

Glaxo

The Food That "Builds Bonnie Babies"

Being in itself pure milk (with sufficient added cream and lactose to bring it up to the ideal standard of babies' *natural* sustenance) Glaxo is in a class by itself.

Glaxo is made in New Zealand, the finest dairy country in the world, and is prepared for use in a moment by the addition of hot water. It *cannot be wrongly used by your patient.* There is satisfaction for you in this.

Glaxo is also a splendid restorative in convalescence after operations, and for use wherever the digestive organs are weak.

A sample will be sent to any nurse mentioning this paper.

Glaxo

CANADIAN OFFICE

418 Dominion Bank Bldg., Toronto

THE CANADIAN NURSE EDITORIAL BOARD

Newfoundland

Miss Southcott, Supt. Training School for Nurses, Gen. Hosp., St. John's.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

Cape Breton

Mrs. Lornay, Brooklands, Sydney, N.S.

Nova Scotia

Miss Pemberton, Supt. Restholm Hospital, Halifax.

Miss Kirke, Supt. Victoria General Hospital, Halifax.

New Brunswick

Mrs. Richards, Supt. Victoria Public Hospital, Fredericton.

Miss Hegan, 75 Pitt St., St. John.

Quebec

Miss H. A. Des Brisay, 16 The Poinciana, 56 Sherbrooke St. W., Montreal.

Miss Colquhoun, 301 Mackay St., Montreal.

Miss Emily Freeland, 285 Mountain St., Montreal.

Miss Hersey, Supt. Royal Victoria Hospital Montreal.

Miss L. E. Young, Asst. Supt. Montreal General Hospital, Montreal.

Miss M. Vernon Young, 56 Sherbrooke St. West, Montreal.

Miss Grace E. Nourse, 5 Elizabeth St., Sherbrooke.

Ontario

Miss Morton, Supt. Gen. and Marine Hospital, Collingwood.

Miss MacWilliams, Supt. General Hospital, Oshawa.

Miss Robinson, Toronto General Hospital.

Miss Janet E. Anderson, 85 Norwich St, Guelph.

Miss Bessie Street, 137 Catherine St. N., Hamilton.

Miss Annie Baillie, 237 Queen St., Kingston.

Miss M. A. MacKenzie, Chief Supt. V.O.N, Somerset St., Ottawa.

Miss M. A. Ferguson, 476 Bonacord St., Peterboro.

Miss L. Regan, St. Joseph's Hospital, Port Arthur.

Miss Jewison, 71 First Ave., Toronto.

Miss Ewing, 295 Sherbourne St., Toronto.

Miss S. B. Jackson, 36 Prince Arthur Ave., Toronto.

Miss M. Russell, 24 Patterson Ave., Ottawa.

Miss McNeill, 82 Gloucester St., Toronto.

Miss J. I. Gunn, Toronto General Hospital.

Miss E. F. Neelin, General Hospital, Kincardine.

Miss A. M. Connor, 853 Bathurst Street, Toronto.

Miss Mary F. Thomson, 2 Lyman Street, St. Catharines.

Miss J. Ferguson, 596 Sherbourne Street, Toronto.

Miss Lennox, 32 Bernard Avenue, Toronto.

Miss G. A. Hodgson, 26 Foxbar Rd., Toronto.

Mrs. W. Cummins, 95 High St., London.

Miss G. A. Gowans, 5 Dupont St., Toronto.

Mrs. W. E. Struthers, 558 Bathurst Street, Toronto.

Miss E. Master, 27 Ellen St. E., Berlin.

Manitoba

Miss Birtles, Supt. General Hospital, Brandon.

Miss Wilson, Supt. of Nurses, General Hospital, Winnipeg.

Miss M. I. Burns, General Hospital, Winnipeg.

Saskatchewan

Miss Jean E. Browne, Alexandra School, Hamilton St., Regina.

Alberta

Miss M. M. Lamb, 562 Kirkness St., Edmonton.

Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

British Columbia

Miss Judge, 811 Thurlow St., Vancouver.

Miss M. H. Clarke, 1030 St. Charles St., Victoria.

Miss Rene Norcross, 1274 Mitchell St., Victoria.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

BOARD OF DIRECTORS

Mis J. I. Gunn, Toronto, President.

Miss M. E. Christie, 39 Classic Ave., Toronto, Secretary-Treasurer.

Miss Lennox, Toronto.

Miss J. G. McNeill, Toronto.

Miss A. I. Robinson, Toronto.

Editor

Miss Bella Crosby, 295 Sherbourne Street, Toronto.

Dix-Make UNIFORMS

ARE READY FOR WEAR AND meet the requirements of the most fastidious. All nurses who would wear strictly tailored and extremely smart-looking uniforms, should insist upon having our label in the garments when buying.

Made with utmost care and precision of standard materials, in all sizes.

Sold by department stores everywhere

The Dix-Make has been selected as the official uniform of the AMERICAN RED CROSS

665 $5.00

666 $4.00

Write for book of styles, samples of materials, etc. Address Dept. B.

©

Henry A. Dix & Sons Company - Dix Building - New York

A Dainty Touch of

NA-DRU-CO Royal Rose Talcum Powder

on face and hands each time you bathe them, will absorb the moisture that remains after wiping and causes redness and chaps in this cold, raw weather.

Apply a little before going out, too, and your skin will retain its velvety softness in spite of exposure.

If you have never tried Na-Dru-Co Royal Rose Talcum, write us for a free sample. You'll enjoy its delightful perfume of fresh American Beauty roses.

National Drug & Chemical Co. of Canada, Limited, Montreal

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Miss Armstrong; Cor. Sec., Miss Kropf, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Moody; Secretary, Mrs. Willard J. Hill, 360 Oakwood Ave., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 187 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. Bilger; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

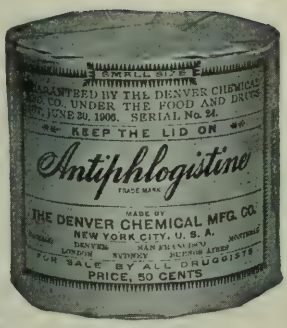
The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Mrs. M. Armstrong; Cor. Secretary, Miss K. Holt.

Bronchial Affections; Catarrhal Troubles— Ear, Nose, Throat, Etc.


SMALL SIZE
GUARANTEED BY THE DENVER CHEMICAL MFG. CO. UNDER THE FOOD AND DRUGS ACT, JUNE 30, 1906. SERIAL No. 24.
KEEP THE LID ON
Antiphlogistine
TRADE MARK
MADE BY
THE DENVER CHEMICAL MFG. CO.
NEW YORK CITY, U. S. A.
DENVER SAN FRANCISCO MONTREAL LONDON SYDNEY BERLIN
FOR SALE BY ALL DRUGGISTS
PRICE, 50 CENTS

are always aggravated or increased during the "breaking up" season, following the Winter months.

Directions: — Always heat in the original container by placing in hot water.

Needless exposure to the air impairs its osmotic properties—on which its therapeutic action largely depends.

Antiphlogistine
TRADE-MARK

applied thick and hot over the throat and upper chest not only gives almost **instantaneous** comfort to patient, but begins **promptly** to reduce and relieve the imflammatory process, in the larynx and bronchi.

In acute coryza, with pain in frontal and nasal regions, sneezing, increasing obstruction of nares, inflamed mucous membranes—Antiphlogistine, applied over frontal sinus and naso-malar regions, and held in place with a light bandage, affords quick relief.

Antiphlogistine has been used for more than a decade by a noted New York physician (who specializes in ear, nose and throat) in **aborting** mastoid abscess.

Being non-toxic, Antiphlogistine can do no possible harm when placed in contact with mucous membranes anywhere.

Physicians should always WRITE "Antiphlogistine" to AVOID "substitutes"

"There's only ONE Antiphlogistine."

MAIN OFFICE AND LABORATORIES

THE DENVER CHEMICAL MFG. CO., MONTREAL

Branches: LONDON SYDNEY BERLIN PARIS BUENOS AIRES BARCELONA CAPE TOWN

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Miss Helen Randal, Supt. of Nurses, General Hospital, Vancouver, B.C.; First Vice-President, Miss V. L. Kirke, Supt. of Nurses, Victoria General Hospital, Halifax, N.S.; Second Vice-President, Miss Stanley, Supt. of Nurses, Victoria Hospital, London, Ont.; Secretary, Miss L. C. Phillips, Supt. of Baby & Foundling Hospital, St. Urbain St., Montreal, Que.; Treasurer, Miss A. J. Scott, St. Margaret's College, 144 Bloor St. E., Toronto.

Councillors—Mrs. Bridgeman, Aylmer, Ont.; Miss Young, General Hospital, Montreal; Miss Flaws, Wellesley Hospital, Toronto; Miss Catton, Lady Stanley Institute, Ottawa.

Auditors—Miss F. M. Fraser, Halifax, N.S.; Miss Potts, Supt. Hospital for Sick Children, Toronto.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss Barbara Gilchrist; Vice-President, Miss Agnas McDougall; Secretary-Treasurer—Miss B. MacIntosh.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 St. Alban St.; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Spring Class opens April 7, 1915
Summer Class opens July 6, 1915
Fall Class opens Sept. 22, 1915

Duration of term four months

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.
MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.

It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY
Buffalo, N.Y.

MALTINE
With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY
88 Wellington St. West, TORONTO

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss L. Galbraith, corner Shaw and Irene St.

Treasurer, Mrs. Canniff, 77 St. Clair Ave. East.

Recording Secretary, Miss Grace Gowans, 5 Dupont St.

Corresponding Secretary, Miss E. C. Anderson.

Conveners of Committees—General Business, Miss Ewing, Miss J. Hamilton; Sick Visiting, Miss I. Gray, 67 Balmoral Ave., Miss M. Ellerington, 159 Cumberland St.

Press Representative and "The Canadian Nurse" Representative, Miss Burwash; Representatives on Central Registry Committee, Miss L. Teeter, Miss Barnhart; Sick Visiting, Mrs. Clutterbuck, Misses Ewing, Jamieson and Cameron.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss Margaret Cameron, 69 Breadalbane Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Miss Lena Davis, Superintendent of Nurses, Hospital for Insane, Queen St. W.; Treasurer, Miss Lucas, 35 Stephenson Ave.

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooke.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Smith, 596 Sherbourne Street; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper, Cummings and Bradshaw.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss Cradock; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Wednesday, 3 p.m.

Absolutely Pure and Delicious

An ideal beverage, of high grade and great nutritive value.

MADE IN CANADA BY

Walter Baker & Co. Limited

Established 1780

Montreal, Can. **Dorchester, Mass.**

Everybody

feels better when Liver and Bowels are normal. Keep yours toned up with

Abbey's Effer-vescent Salt

(Take Abbey's VITA Tablets for Nerves) E

School of Medical Gymnastics and Massage

61 East 86th St., New York, N.Y.

POST-GRADUATE COURSE

A. Practical: Swedish Movements, Orthopedic Gymnastics, Baking, Manual and Vibratory Massage.

B. Theoretical: Lectures on Anatomy, Physiology, essential parts of Pathology, etc.

All communications should be directed to

Gudrun Friis-Holm, M.D.

Instructor in Massage at the following Hospitals: Roosevelt, St. Luke, New York, New York Post-Graduate, Bellevue, and others.

Hotel Cumberland

NEW YORK

S. W. Cor. Broadway at 54th Street

Headquarters for Physicians

Near Hospitals, Schools and Clinics.

New and Fire-proof

Most Attractive Hotel in New York.

$2.50 with Bath and up.

ALL OUTSIDE ROOMS

All Rates Reasonable

Ten Minutes' Walk to Forty Theatres

HARRY P. STIMSON

Only N. Y. Hotel Windows Screened Throughout

SEND FOR BOOKLET

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Piggott, Riverdale Hospital; Treasurer, Miss Rogers, Riverdale Hospital.

Executive Committee—Misses Argue, Murphy, Scott, Nicols and Honey.

Conveners of Committees—Sick Visiting, Miss Murphy; Program, Miss Edith Scott.

Representatives on Central Registry Committee—Misses Argue and McPhayden.

Representative "The Canadian Nurse"—Miss McNeill.

Regular Meeting—First Thursday, 8 p.m.

PUBLISHERS' DEPARTMENT

GLYCO-THYMOLINE IN TONSILITIS

A local remedy must fill two requirements—it must be a detergent antiseptic and produce a degree of permanency of effect.

Glyco-Thymoline as a gargle, or used in an atomizer, produces excellent results. It rapidly relieves the dry congested condition of the mucous membrane by its exosmetic action and its anodyne effect is immediate and lasting.

Glyco-Thymoline is harmless, and if any is swallowed will produce a beneficial effect by breaking up any mucous plugs that may have gained access to the stomach.

HIGH EFFICIENCY IN NURSING

One may speak of the present age as one in which the knowledge of massage and its allied branches has become of vital importance to all nurses for the treatment of medical, surgical and nervous patients. It requires close study in the theory and practice of the art of manipulating the tissues, as well as a clear understanding of the underlying principles of anatomy and physiology upon which the treatments must be based. The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., which is affiliated with the Bushhill Sanatorium, 1709-1711 Green Street, Philadelphia, Pa., is a thoroughly modern institution, equipped with every facility to teach the original Swedish "Ling" System of Massage, medical and corrective Gymnastics, Electro- and Hydrotherapy in all its branches, including X-Ray work, etc. The courses in Anatomy, Physiology, Pathology and Hygiene answer to the requirements of the Bureau of Medical Education and Licensure for practitioners in Massage and Allied Branches, and are supervised by a staff of physicians connected with Pennsylvania's foremost medical colleges. The Spring class opens on April 7th, the Summer class on July 6th, and the Fall class on Sept. 22nd. For further information and illustrated prospectus address Max J. Walter, M.D., Superintendent.

MARRIAGES

In Regina, Sask., on December 2, 1914, Miss Grace Beatrice Harris, graduate of Hamilton City Hospital, Class '07, to Mr. Asel Clinton Robson. Mr. and Mrs. Robson will reside at 2312 Rose St., Regina.

On November 16, 1914, at Peterboro, Miss Margaret A. Brown, graduate of Nicholl's Hospital, Class '98, to Mr. W. Mann, of Peterboro.

On December 9, 1914, at Toronto, Miss M. M. Redmond, graduate of G. & M. Hospital, Collingwood, Ont., to Mr. Richard Corbet, of Owen Sound.

On December 25, 1914, at Montreal, Miss Pauline Buters, graduate of Montreal General Hospital, class '10, to Mr. Benjamin Hammond, of Syracuse, N.Y.

At Regina, Sask., on December 8, 1914, Miss Beatrice Harris, graduate of Hamilton City Hospital, class '07, to Mr. Clinton Robeson.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, APRIL, 1915. No. 4

HOSPITAL SOCIAL SERVICE.

By Winifred McLeod, Social Service Nurse, V.G.H.

Social service work was established in the Vancouver General Hospital in March, 1912. That it was started in Vancouver so much later than in other cities is due to the fact that the adverse social conditions so prevalent in the larger and older cities have so recently and rapidly developed in this great new country.

As unfavorable conditions press most heavily on the weakest members of the community, their health becomes undermined, they become discouraged and ill and subsequently fill our hospital wards. Dr. Richard Cabot has said that "Social service work is the effort of some of us to prevent the life being squeezed out of any of us. We all want to make a living, but we also—every one of us—want to make a life." We are squeezed between the two great needs of life, first that of food, clothing and shelter and the equally great need of some enjoyment, and some result from our labors, that will make it worth while to struggle and wait. Because of the pressure of these two great needs our vitality is sapped, or runs out altogether, till we break down physically, financially, or morally, usually in all three ways at once. The physical, financial, or moral breakdown of the working class follows the bad physical and economic conditions of their work, and in part also from their attempts to get some fun out of life without counting the cost. The physical and moral breakdown of the rich results partly from the bad physical and economic conditions of their idleness and partly also from their efforts to enjoy life without getting into it or being caught by it. It is hopeless to seek any single cause or any single remedy for the disease and misery of the struggling poor or the floundering rich. Idleness or overwork, surfeit or starvation, listlessness or recklessness, all alike draw out our vitality and nourish in us the seeds of disaster. Disaster follows the breakdown, and as a result we have serious conditions and illnesses in the hospital wards.

We have more than the mere illness to look after, the patient has a past and a future, the past which has led up to and in part explains his present condition and a future which may be tremendously affected by timely wise counsel, help and guidance, for the medical work is intimately bound up with the social work, because nine-tenths of all

diseases are "misery diseases," bound up in their causes and in their consequences with the misery with which social workers are trained to deal.

How often it is that a patient is under observation in the Hospital for a few days, and, if someone asks afterwards "What happened to him?" you have to confess, "I do not know, I never saw him again after he was discharged." In the hospital, records of all cases are kept, records that express the state of things up to date, and at the end of each one we write that the patient "is discharged—improved—cured —or whatever it may be," but in all cases discharged, that is, the hospital has severed its connection with the individual, and so far as it is concerned does not see that it has any further business with him. I do not think that the hospital ought to look after the individual for the rest of his life; for the line must be drawn somewhere. But I do maintain that the hospital ought in common sense to do enough for the individual to finish up its work or to see that someone else does it. The work done in hospitals is good work, but we feel there is a great element of incompleteness, a sense of inefficiency, and to fill this gap, to meet this need, Social Service was inaugurated. How often we have known of a baby brought to the hospital for ordinary stomach and intestinal trouble, the babe is kept several weeks and discharged well, having cost the hospital a considerable amount of money. The babe is sent home to the good, kind-hearted mother, who has not been told that there had been anything wrong with her treatment of the babe; she therefore continues her former treatment and, being kind and generous, gives her four to six-months-old baby a little of everything on the table. We all know the result, the babe very soon reappears at the hospital, not many weeks after being discharged cured. The point which I am trying to make is, although we do not expect the hospital to follow all its cases indefinitely, that, if it is going to spend its money curing this babe, it ought to be interested enough to follow the babe to its home and to its mother, to know that the treatment and money are not wholly wasted as is sometimes the case. The babe had it all to suffer over again, and the hospital to pay, and the mother had not begun to learn the elements of hygienic living. This is one type of incompleteness. It simply means that we are responsible for the convalescence of out-patients. To prevent patients from being "dumped," after discharge from the wards, into lodging houses, tenements, or worse, where they are sure to lose what they have gained in the hospital, where they had the benefit of expert diagnosis, expert treatment and good nursing care, or to suffer a slow, faulty, and up-hill convalescence, is the great need. For lack of proper after care, the hospital treatment is oftentimes a total or partial failure. The cure interrupted in the middle, the sudden transition from hospital conditions to prob-

ably unhealthy and uninviting home conditions, means the spoiling of what might have been a cure, a waste of money by the patient and the hospital, and sometimes a chronic invalidism. It certainly is not good business and it certainly is not humanitarian. Last year the "Kings' Daughters" had a convalescent home in the city, which was indeed a veritable haven of refuge for many of our homeless men and women leaving the public wards. With the generous co-operation of the management of that institution we were able to arrange for the complete and very satisfactory convalescence of many patients.

The Home admitted these people, who often had neither friends or money, and provided them with good care and nourishing food until they were in fit physical condition to return to their various fields of work. This year, unfortunately, we have no such boon, as the Home has been discontinued. Consequently the hospital is having to spend more time and money on the care of these patients, or else possibly they have to be discharged before they are really fit to go and to re-enter their world of work, and as a result often to return to the hospital for further treatment.

Then the need of the link between the hospital and the outside world of the patient has long been obvious and the social service work seems to supply this need. Only this week, in going through the wards, a woman who was not improving as she should was found to be worrying. She did not eat or sleep properly because she did not know what was going on in the home. The social worker made the connection between the hospital and the home, found out what was going on there, tried to rectify what was wrong, asked the charities to help and was then able to assure the mother that all was going well at the home, the children had food to eat and clothes to wear. As a result the patient made a better and more rapid recovery because she knew someone was interested and looking after the family.

In all the "follow up" work an effort is made to teach the simple elements of hygienic living, and this effort is attended by varying degrees of failure and success. Quite often it happens that a mother or father cannot have an operation performed, although it is absolutely necessary, perhaps an immediate matter of life and death, unless the children can be placed safely somewhere. A difficult case was that of of a mother with six children (the oldest a girl of twelve years and the youngest a boy of six), who needed an immediate operation, but felt she could not leave the children. The father was away almost all day and there was an invalid brother in the house.

The work devolved on the girl of twelve and the boy of eleven, but how could they be expected to look after the house, their meals, their lessons and the other children? Arrangements were made for the four younger children, three of whom were taken by the Alexandra Orphan-

age and some friends took the fourth, so that the mother went to the hospital much more content and free from anxiety because of the assurance that her children would be well cared for in her absence. Her mind was at ease, consequently her convalescence was more rapid and sure.

There is a great need for more temporary shelters for such children.

During the two years that the work of this department has been carried on, we have been able to help in some way more than 1,000 patients. This is only about one-tenth of the number of patients who have been in the hospital during that time, and by the great number of patients we find out about quite accidentally, I feel sure there are a great many who need to be helped that we do not find at all. At present there is but one nurse in charge of the work. But as the hospital enlarges and the doctors become more interested in the department and realize that the social work is an integral part of the medical work, the staff will have to be increased, so that the work may be developed.

Aside from this, we are able to help in many, many ways a great number of patients. The little thing, such as a letter written, a book loaned, a bright and cheerful word, things that mean so little to the one able to do the work, but to the recipient it seems at the time to be the one thing needed to make for comfort and contentment.

With the assistance and co-operation of the Dominion Immigration Department we have been able to reunite many families when without some help it would have been impossible.

Fathers and brothers come to this new country to make their fortunes and live with the hope of sending for their families. These men work hard, possibly they send most of their money home, at any rate they have spent it in one way or another.

Often these men live under very unhygienic conditions, they become sick and when finally they come to the hospital with some chronic or incurable disease they have no money and are likely to become public charges.

Here they have no friends, but say that if only they could get home to England, Sweden, Russia, or wherever the home may be, they could be taken care of.

Many cases of this kind have been investigated, and when we have the assurance they will be looked after if sent home, the case is taken up with the Immigration Department, and they send our man home for us.

On all sides, and from all organizations who can and do help, we have always received generous co-operation.

In closing, a word about the financing of the department may be of interest.

The work was started by and is kept up entirely by the Woman's

Auxiliary of the hospital, and they appropriate a certain amount of money for the work of each month. Very often donations of money are received from interested friends, and these are always gladly accepted and help to keep our emergency fund from running low.

Donations of clothing are accepted and, although not wishing to be considered merely an old clothes bureau, we are in this respect ready to give immediate help to a great many persons who otherwise would have to leave the hospital insufficiently clad.

Families found to be in need of regular relief, such as food and fuel, are referred to the City Relief Department, and always receive assistance, but we are always ready to supply groceries or fuel in emergencies and we frequently supply nursing mothers or families where there are children with milk and eggs until such time as the husband or the wage-earner returns to work. Our desire is to help in any possible way in the hospital or in the home if needs be, so that the greater work of the hospital will be fully rounded out and completed.

MEDICAL INSPECTION IN RURAL SCHOOLS

By Blanche Sevanie, Victoria, B.C.

In giving an outline of the work of Medical Inspection of school children in rural districts in British Columbia it is regrettable that, owing to the war, more progress cannot be reported.

Medical inspection in the province is provided for by an Act of the Legislature, passed in 1910, which gives school boards in cities and municipalities authority to appoint medical inspectors for schools. These appointments must be approved by the Provincial Board of Health.

In unorganized districts the Provincial Board of Health has the authority to appoint medical inspectors. These appointments are made annually, fifty cents being allowed for each child examined and traveling expenses at the rate of twenty-five cents a mile up to twenty miles. The Act provides for one regular inspection a year. Additional inspections are made only upon request of the Board of School Trustees to the Provincial Board of Health. The medical inspector is chosen from among the medical practitioners in the school districts.

A report is sent to the Provincial Board of Health on the physical condition of the pupils examined. The inspector also reports on buildings, grounds, and sanitary arrangements, making such recommendations as he deems necessary. It is gratifying to note that conditions have been greatly improved and that medical inspection has been accepted and appreciated by the parents of rural school children.

When poor reports are received of school conditions this office

immediately communicates with the school board in order to be sure that conditions are remedied. All schools in rural districts are built to the plan adopted by the Government.

In order that the work of medical inspectors might be followed up and better results obtained, the Government, in May, 1914, appointed a School Nurse to organize this branch of the work. In the little time that remained before the close of the school term a number of school districts were visited and some idea was formed of conditions existing. During the summer a plan of campaign was arranged, but, owing to the call to the colors of our secretary, Dr. Bapty, this has been interrupted, but it is to be hoped that in the near future the matter will be again taken up and carried to completion.

The work, as planned, covered the sanitary inspection of school buildings and grounds, instruction in public health subjects to teachers, parents and pupils by class-room talks and home visits by the school nurse; also by moving-pictures and instructive pamphlets on subjects of a like nature. The province was to be divided into districts, into each of which a nurse would be placed, and the work carried on much as it is in cities.

Arrangements by which dental and medical care would be placed within reach of all was the first work undertaken, and these plans were about ready to be carried out when war was declared and it was decided not to proceed further at present.

The work as planned will require several nurses, and as we have not been able to have these appointments made, up to the present the work has been carried on largely from the office.

PRELIMINARY TRAINING.*

By Eva Stretton, Vancouver, B.C.

By preliminary training, that given in the first six months is meant. To give the course most satisfactorily and with the greatest economy of time and labor, pupils must be admitted twice annually. Where they are scattered in a few at a time, the same results possibly can be obtained, but it means going over the same work many times a year instead of twice; and in schools where examinations are held but once a year, it necessitates that the pupils who come in late have to be pushed into a class in theory before they have had the work preparatory to it. Even omitting these viewpoints, pupils generally do better work in larger classes where there is competition.

A course in theory first, before putting the probationers into the

*Read at the Annual Meeting of the Canadian Society of Superintendents of Training Schools for Nurses, at Halifax, in July, 1914.

wards at all, surely cannot be so valuable as a course which gives theory and practice simultaneously. Pupils sent to the wards on arrival have, there, opportunity to enter into the spirit of the work, at the same time that they learn the innumerable ward tasks. Meantime, in class, they can be taught sufficient to enable them to be responsible for the morning toilet of six or eight patients, including their treatments. For, in what way can the pupil learn more than in the actual handling of patients? She gets an insight into the work, and can thereby decide whether or not she wishes to continue the course. She cannot do this from theory only. At the same time the Superintendent of Nurses has better means of determining her fitness for the profession.

To facilitate instruction a demonstration room is necessary. Such a room should be an amphitheatre equipped with bed and life-sized doll; a cupboard with every utensil that would be found in a perfectly equipped ward; a blackboard, reference library, charts, skeleton, bulletin board, and a sink. In it the probationer should be taught everything that she may be required to do during her first year. This will take an hour daily for at least ten weeks, and pupils should be required to make full notes on each demonstration, and their notes should be examined weekly. The following is a list of a few of such demonstrations: Bedmaking, various baths, counter-irritants, cost and care of appliances, handling patients, etc. Pupils must then give every treatment in the wards under supervision, shortly after having had it taught.

The preliminary training course can be made of much value to the older nurses by calling upon them frequently to do the demonstrating under criticism. This fixes proper methods in their minds as nothing else will, besides giving them confidence, and is of value even to the probationers by having them realize that they themselves will some day do likewise for others. Thus, it is a stimulus to greater effort towards perfection in their ward work.

The importance of daily oral and weekly written review needs to be urged. Most can be gained from the latter by requiring pupils to correct and assign values to one another's answers. The probationer who arranges her paper badly gets pointers from her systematic neighbor's, while they all learn the importance of giving just what is called for, and the uselessness of substituting other material. And, certainly, any training that helps nurses to separate essentials from non-essentials is invaluable.

In order that a school may not become old-fashioned in any of its methods its head nurses should meet periodically with the instructors to criticize methods in vogue, and suggest changes. Before any are made, however, those recommended should be tried in a few wards.

and opinions passed upon results at the next meeting. If change is decided upon, the new method must be taught in class to the entire school. This would not only keep the school up to the standard, but keep the head nurses more interested and more widely read, and send the pupil nurses out, not only proud of their wideawake training, but ever on the alert for improved methods.

The clinical material in every ward should be utilized to the full. To do this, the head nurse must explain every new case and every interesting development and treatment to the nurses in her ward. Often junior nurses are kept from knowing many things that should be made the occasion for bedside instruction. Possibly when we have more nurses in our schools, or have less scrubbing and cleaning required of them, we can get them better taught in their wards, for the head nurse has always there the most excellent opportunities for teaching.

The preliminary training must needs include nursing, dietetics, anatomy, physiology, hygiene, bacteriology, materia medica, and dispensing.

McIsaac's "Primary Nursing Technique" is a good textbook for first-year nurses, and pupils should be encouraged to seek information from various sources. On the Bulletin Board might appear cuttings or typewritten copies of nursing or medical news, while the books in the reference library should include all the best and the latest. The good nursing magazines should also be obtainable by the pupils.

Hawes, in her "Talks to First Year Nurses" outlines just the material needed in anatomy and physiology. Lewis' "Anatomy" is a first-class textbook.

Section iv. of Aikens' "Primary Studies for Nurses" covers the ground in Materia Medica—with Paul's book for text. In teaching this subject a good collection of drugs in the class room is essential to make the subject interesting and impressive. Supplementary to this, practical work in the Dispensary is most valuable.

Most can be taught regarding germs and specimens (urine, sputum, faeces) in the clinical laboratory, and the internes on duty there often make the very best teachers and are glad of the opportunity for "lecturing." In justice to the inexperienced woman just put in close contact with the various diseases, the doctors' lectures and other work in hygiene and bacteriology should come early in the course.

In conclusion, the object of the course is to give the nurses at the beginning of their training the foundation principles of the different studies to be pursued (the details to be filled in by subsequent studies and courses of lectures) and to give them enough information to enable them to understand the general condition of their patients, and to carry out intelligently the details of their work.

THE GROUCHES OF A GRAD—A RURAL INTERLUDE

By Rene Norcross, Victoria, B.C.

I closed the door of the flat with unnecessary noise, dropped my case-bag on the floor, and subsided upon the edge of the bed-lounge.

Sadie was already in, sitting on the hearth-rug drying her hair before the fire, and looking over a many-page letter.

Now the state of Sadie's hair spoke as loudly to me as an Assyrian brick to an archaeologist. The first day a nurse comes off a case she goes downtown or goes to bed, according as her system is most in need of—shop windows or sleep. Next, she catches even with her darning or letter-writing—and washes her hair. The next she hovers round her 'phone, wondering at short intervals what has happened to all the doctors that she hasn't been rung up yet.

So I knew that Sadie had been off her case for thirty-six hours; I had been off mine for just one, and was so cro—tired, that I could have bitten the head off my own shadow.

"You're back," said Sadie absently. I allowed the statement to pass. She looked at me with more attention.

"Hard case?" she asked kindly.

"Twins," I replied with concentrated bitterness.

"Dear me!" was her quite inadequate comment.

"Oh, I knew it would happen to me sooner or later. I knew that was just the sort of thing that would be saved up for me. This comes of trying to lay by a little money for my old age. My old age, indeed. I needn't worry."

"The kettle's just boiling," said Sadie soothingly. "You'll feel heaps better when you've had a cup of tea."

"I don't want tea," I answered sombrely. "I want to lose my way in a cranberry swamp and sleep for a week before I'm found."

"What you want—what we both want—is a complete rest and change," Sadie replied decisively, "and we are going to get it, too."

She handed me my cup of tea, gathered up the scattered pages of her letter, and sat down in our only rocker.

"It's from Aunt Martha; it seems—quite—well, almost Providential, doesn't it?"

I seldom try to follow Sadie's mental windings; as a rule I let her run down, and then ask a few pointed questions to find out what it was all about; now I slipped a cushion behind my back and sipped my tea luxuriously while she unraveled herself.

"She's going East, she and her old friend, Miss Fisher, for a month, to attend the wedding of Miss Fisher's niece, and the Chinaman doesn't like chickens."

"Of course, that makes it all quite simple," I felt goaded into saying, "still, they might let him see an alienist."

"There are two pet geese as well," she added casually. "What do you think?"

"That helps," I said aimlessly. After all, she had made the tea and one had to say something.

"I think it would be very nice," Sadie went on in her artless way. "You see Auntie has a combination Chinaman—"

"Look here, don't give it me all at once," I remonstrated, setting my cup down on our other chair out of harm's way. "Keep some of it till the next time I'm blue. Your aunt can't be expected to make up a letter like that often."

"I wish you wouldn't be so silly," said Sadie mildly. "You know perfectly well what I mean. Auntie can't afford both an indoor and an outdoor Chinaman, so she persuaded her indoor Chinaman to take an increase in wages—"

"What tact and perseverance will accomplish—" I began admiringly.

"—and milk the cow and weed the garden as well as do the house work," Sadie continued, the gentle-dignity pedal hard down, "but he hates the chickens and that's why Auntie wants us."

"Wants us?" I repeated blankly.

"Why, yes, that's just what I've been telling you."

I turned my eyes to the ceiling and fanned myself with my saucer in a pointed silence. I have found this to have a wonderfully clarifying effect upon Sadie before now.

"I wish you'd listen when I tell you things," she said aggrievedly. "Auntie wants me to run the house and the chickens for the month she will be away, but I couldn't stay alone, and she says to bring you if you'll come. Well, here you are all tired out, and it seems as if—of course you'll find it very quiet—right in the woods—but there's a big garden and a hammock and a cow; I think you'll like it."

"I am very easily pleased when it comes to cows," I assured her.

"Auntie says Wong is a good cook, but bad-tempered."

"What's the odds. I'm bad-tempered myself. Give me a good, bad-tempered cook before a bad, good-tempered cook every time. When do we start?"

"To-morrow, if we are to catch Auntie—she starts East the next day."

"We'll catch Auntie, never fear. Now, if there's any more tea I'll have another cup. Don't you worry, we'll catch Auntie."

To skip one strenuous day of preparation, the curtain rises again, so to speak, on Sadie and me stepping off a small and wobbly boat on to a lop-sided wharf that jutted from an island in the Gulf of Georgia.

The boat proceeded on its way and Sadie and I were left in sole possession of the lop-sided wharf. A narrow road crawled away from it into the surrounding forest; the tide splashed gently on the shingle; otherwise not a sound disturbed the profound solitude.

"Dear me," said Sadie, falling back upon her one expletive.

"Just so," I agreed; "you express my thoughts exactly. We could not expect your aunt or Miss Fisher to meet us with this wedding so close upon them, but there remains a Chinaman, and, I am credibly informed, a cow."

"Being silly doesn't help," said Sadie tartly. "The question is, what are we going to do?"

"Cache our grips in the primeval forest, like Uncas in the Last of the Mohicans, and walk."

"But I don't know the way," Sadie wailed. "Auntie only moved here a year ago and I've never had time to get across and visit her until now."

"In that case," I responded cheerfully, (the chief reason why Sadie and I have roomed together for three years is that we never both lose our tempers at the same time) "we will sit down and wait for the young man to appear."

"What young man? What on earth are you talking about?" Sadie demanded fretfully.

"The inevitable and predestined young man who never yet failed to come to your rescue when you were in a quandary," I replied blandly. "What young man I cannot say, when you know it is a different one each time. This disingenuousness is unworthy of you, Sadie."

Indeed it is strictly true that a knight-errant always shows up when Sadie gets into difficulties. Big blue eyes, curly black—fast black—hair, and a tendency to dimples can work wonders.

"So prithee sit thee down, gentle damsel," I continued, "and anon a comely youth with a prancing horse and buggy, or mayhap an automo—"

"You can sit here as long as you choose, and be as idiotic as you please," Sadie retorted wrathfully, "but I am going to walk up that road till I get somewhere or meet someone."

"Oh, very well," I replied resignedly; "in that case I'm coming too," and I followed at just the right distance to be well trodden on when Sadie collided at the corner of the freight shed with a beautifully tanned young man, who swept off his hat, stammering apologies, and bashfully informed Sadie—he never even saw me—that his name was Charlie Brown; that if she were Miss Conway, junior, he had been deputed by her aunt, called away a day earlier than she had antici-

pated, to meet the travelers and drive them to the house, and that owing to his brute of a horse casting a shoe he was ten minutes late. Whereupon he gathered up our valises and we followed him to his buggy, Sadie carefully avoiding my highly expressive gaze.

The house was only a mile away, a pretty bungalow, with a big garden filled with April flowers in front, and within, a grey-haired Chinaman in spotless white tunic and apron, putting the finishing touches to the dinner table.

Pinned to Sadie's bureau we found a note from her Aunt Martha, expressing her regrets at having missed us, and containing directions for the compounding of a certain kind of chicken feed; also bespeaking our sympathetic care for a white Plymouth Rock hen, sitting on a clutch of eggs at the foot of the garden, and due to hatch in two weeks. As Sadie had provided the aunt who had provided our holiday, I insisted upon taking entire charge of the poultry, especially the white Plymouth Rock, whose lengthy soubriquet I promptly changed to the brief and beautiful one of Euphemia, and when, sharp on schedule time, she came off the nest with a dozen fine little yellow chicks, I glowed with conscious pride. Sadie let me glow. She was fully occupied in preventing the hapless Charlie Brown from rushing prematurely upon his doom. That infatuated young man had been calling every day, wet or fine, and his reasons for coming were many and varied. He had just dropped into see if we wanted anything from the village; he was driving through. He had just dropped in to ask if the Chinaman was keeping a civil tongue, or would be the better for a calling down. He had just dropped in to know if Miss Conway would lend him her aunt's famous recipe for plum jam; he was thinking of trying to make some. As it was only mid-April the plums could hardly be considered ripe enough for jamming, but no sympathetic person would have reminded the boy of that. In fact, history was repeating itself once more, and I was sorry in advance for Charlie Brown, experience having taught me that it took about two weeks for Sadie's mild interest in her latest victim to die completely out, but about two years for the victim's interest in her to evaporate. Not that you could blame Sadie; but she should never have been trusted with a Dana Gibson profile.

Meantime, the task of superintending Euphemia in her arduous duties fell entirely upon me. I did it from the well-cushioned hammock slung at the foot of the lawn, and on the afternoon that my proteges were seven days old Sadie woke me from a much-needed nap to mention casually that Mr. Brown had asked us to go over the Indian Reservation with him the following morning to see the totem poles.

"Oh, indeed," I said thoughtfully, "forewarned is forearmed; I'll pick out one of my assorted headaches—one I haven't used lately."

"Fresh air is good for headaches," Sadie commented, chewing a blade of grass.

"That's true; that's well thought of. Then I'll have a—let me see—I'll have a nice, sharp attack of corns."

"He is going to drive us," said Sadie calmly.

"Oh well then I'll have to fall back on a previous engagement to teach Wong that new embroidery stitch."

"I wish you wouldn't be so silly," said Sadie resignedly. "Of course, if you won't go, I shan't, but I think you are mean."

"This breaking of a country heart for pastime ere you go to town never had my approval, Sadie," I said severely.

"I suppose you would like me to have Wong turn the garden hose on the poor boy," Sadie retorted, unabashed. "I think I'll trot into the village and get the mail."

She went, and I was about to settle to my interrupted nap once more when a shadow fell across my feet, and, looking up, I saw before me a stout lady attired in a blue gingham dress and a small fur cape—an intelligent compromise between the April sunshine and the April breeze. She carried a large cotton umbrella in one hand, and with a small wad of handkerchief in the other she rubbed a face so fiery red as to create the instant suspicion in my mind that this was a belated measles case come personally to engage my services.

"Good afternoon," said the apparition, rather breathlessly. "Real warm for the time of year, ain't it."

"Very," I assented, rising, "er—won't you sit down?"

I indicated the hammock, but the lady eyed it dubiously.

"Reckon I won't risk it," she decided. "One of them things fell down with me once an' jarred me something cruel. I'm Mrs. Perkins."

I bowed.

"Our place joins right on to Miss Conway's, an' seeing what old friends her and me are, I thought I'd step across an' say how-dy-do to her niece, though I ain't never met her," continued Mrs. Perkins, affably. "My, them hollyhocks are swell, ain't they?"

"I am so sorry that Miss Sadie Conway is not in just now," I said, ignoring the hollyhocks. And indeed I was sorry. Some partially submerged instinct warned me that this was going to be one of the rather numerous occasions when Sadie ate the nuts and I trod—in stocking feet—upon the shells.

"Nursing is a real fine calling," said Mrs. Perkins thoughtfully. "Folk always said I was born for a nurse, but Mr. Perkins wouldn't take no, an' there it was. But when a young lady's gettin' on an' don't seem to be marryin', why, I say there's nothing like havin' something to fall back on."

"Yes, indeed," I agreed feelingly, and searched the horizon with the tail of my eye for Blucher—I mean Sadie.

"Not but what there's lots of time yet," continued Mrs. Perkins leniently.

I was endeavoring to thank her for this liberal and humane view, when she interrupted me with increased warmth of manner.

"That's what I says to my Lizzie Pearl. If I've said to that girl once I've said a hundred times: 'Lizzie Pearl,' I says, 'it's all very well for Charlie Brown to want the weddin' right away,' I says, 'a pretty, smart girl like you that can make your own clothes an' jam an' can fruit with anybody would be a catch for any young man,' I says, 'but you ain't but seventeen, an' he's only twenty-one, an' you'll just wait a full year before the engagement is give out,' I says, and so," said Mrs. Perkins, panting slightly but smiling ever more expansively while her gimlet eyes bored into mine, "there's no reg'lar engagement yet, but it's understood—it's understood, an' whatever would happen to my Lizzie Pearl if anything should come between them, I'd be frightened to think, she's that sensitive an' set."

Velvet-fingered diplomacy in a very fat person is as startling as it is admirable, and a mother defending her young, be she a striped leopardess or a middle-aged matron in a skimpy gingham skirt and elastic-sided boots, is a noble sight.

The thought that Sadie had accidentally missed the startling and admirable and noble sight of Mrs. Perkins setting forth with consummate obliquity her Lizzie Pearl's claim to that gay Lothario, Charlie Brown, flooded my very soul with bitterness.

"Why, how perfectly lovely," I exclaimed. "I should think Miss Perkins would be the very wife for Mr. Brown. Since we are telling secrets," I added sweetly, focusing my best professional smile on Mrs. Perkins, "I will just mention between ourselves—I am sure you will not let it go any further—that Miss Sadie Conway is going to be married too, one of these days."

"You don't tell me." cried Mrs. Perkins, and the look of relief and pleasure on her face was very genuine. "Why, Miss Conway never breathed a word."

"Oh, she doesn't know yet," I explained hastily. "It's—er—very recent, and the engagement isn't announced yet; a San Franciscoan," I added recklessly, "but please don't mention it or I shall get into trouble."

I thought it highly probable in any case, but at least I should be the first to tell Sadie of her impending marriage.

"Wild horses wouldn't drag it out of me." beamed Mrs. Perkins. "I wondered how it come that a nice appearing young lady like Miss Sadie wasn't—you don't tell me it's got along to five o'clock already?

Land. I must hurry right back or supper will be late. I'd love to have the two of you come across an' see us some afternoon, but we're housecleanin' just now an'—no, don't come a step—I know the way. Good-bye."

It was perhaps seven minutes later that Sadie ran up to the hammock where I lay, a crushed heap, and slapped an open letter down on top of me.

"What do you think of that?" she demanded. "Mrs. Collings has had another attack of appendicitis—a bad one—and has decided to have it out. The operation is the day after to-morrow. The letter went to the flat and has been a whole week following us up—why, what's the matter with you?"

"What's the matter with me?" I repeated hollowly. "You may well ask what's the matter with me, Sadie. You sowed the wind, and this afternoon I—I reaped the whirlwind—or to be more exact it reaped me. It's name is Perkins," I continued bitterly, "and it has a daughter named Lizzie Pearl—Lizzie, presumably for washing days, and Pearl for social occasions. I have been swept off my feet, harassed, headed off, tripped up. To calm the Perkins apprehensions I have been driven to lies; to save the fading roses of Lizzie Pearl I have been forced to betroth you to a total stranger; to—"

"I haven't the ghost of an idea what you are talking about," Sadie interrupted in the heaven-grant-me-patience tone she sometimes adopts towards me, "and I haven't time to find out now. Don't you know that I promised Mrs. Collings I'd special her whenever she did have her operation, and the only boat to-day leaves in less than an hour? For goodness' sake, Molly, wake up and hurry."

"But Euphemia—the chickens?" I gasped.

"I'll give Wong five dollars to look after them a bit, and with lots of insects and Auntie due home in five days they can't take much harm," said Sadie breathlessly. "Anyway, I'm not going to disappoint Mrs. Collings for a lot of silly hens. What troubles me is that I'm cutting your holiday short."

"Don't think of me, Sadie," I urged hastily. "Miss Fisher's niece will probably marry again next spring—or—er—at any rate, I've had a perfect holiday, and as you say, a promise is sacred."

"You're a brick," said Sadie with immense relief. "Then we'll just bolt into our suits and snatch our handbags and run."

We ran.

Sadie weighs twenty pounds less than I, and she set the pace. It was a mere wreck of my former self that sank panting upon a box of miscellaneous groceries in the lee of the wobbly steamer's charthouse, three-quarters of an hour later, and began to repair damages with a sidecomb and a pocket mirror. But in my heart reigned a great peace.

Sadie had simply and completely forgotten the existence of Charlie Brown, and between wounded vanity on one side and Mrs. Perkins on the other three, I felt sure it would not be long before the youth returned to his former allegiance.

As for Sadie's precipitate and ill-considered attachment to the San Francisco admirer, a discreet note to Miss Conway would serve for the immediate present, and after a decent interval, say a month, I would quietly break the thing off without bothering Sadie about it at all. The fewer extraneous matters the special nurse of a serious operation case had on her mind the better for all concerned.

"Now that I have time to listen," Sadie remarked, breaking in on my peaceful reverie, "what was all that rubbish you were telling me when I brought back the mail? Who is Lizzie Pearl?"

"Lizzie Pearl?" I repeated blankly. "Lizzie? Pearl? Oh—ah—yes, to be sure. Lizzie Pearl, Sadie, is the name I was thinking of giving Euphemia's eldest daughter—when I found out which she was. Subject to your approval, of course."

"I wish you wouldn't be so silly," said Sadie, indulgently.

ANNUAL MEETING.

The third Annual Meeting of the Graduate Nurses' Association of British Columbia will be held in the Royal Columbia Hospital, New Westminster, B.C., on April 5, 1915.

The meeting will be a purely business one, the morning session, routine work, and the afternoon session devoted to papers.

Morning Session, 10.30 a.m.

Invocation.
President's Address,
Miss S. P. Wright, New Westminster.
Minutes of Last Meeting.
Report of Secretary-Treasurer.
Miss E. Breeze, Vancouver.
Reports of Committees.
New Business.
Election of Officers.
Adjournment.

Afternoon Session, 2.30 p.m.

Address of Welcome.
Address of Welcome on Behalf of the Nurses.
Miss Stott, President Graduate Nurses' Association of New Westminster.
Reply.

Mrs. M. E. Johnson, President Vancouver Graduate Nurses' Association.
Paper—"Care and Teaching of the Mentally Deficient."
Miss Dauphinee, Vancouver.
Discussion led by ———
Paper—"Florence Nightingale."
Miss Norcross, Victoria.
Disscussion led by Miss Trew, Vancouver.
Paper—"Modern Surgical Appliances."
Miss Colvin, New Westminster.
Discussion led by Miss McKenzie, Victoria.
Paper—"The Citizen's Complaints."
Miss N. Walker, Vancouver.
Discussion led by Miss Clarke, Victoria.
Unfinished Business.
Enrolment of new members.
Adjournment.

ONE THING AT A TIME

When many duties press and crowd for attention, our only safety lies in doing one thing at a time. When we have little to do, perhaps we may risk trying to do two or three things at once. But time and power are usually wasted by that attempt. If to-day promises to be the most crowded day of your life, then you cannot afford to throw away a moment of it. The only way to be sure of making every moment count is to give your undivided attention to a single duty at that moment. When that duty is disposed of, take up another; and one by one the clamoring crowd of tasks will have been put successfully behind you. Try to handle them wholesale, and defeat is sure.

CORRESPONDENCE

To The Canadian Nurse, for the Nurses of Canada:—

When this terrible war seemed to have no end, at least in sight, I asked Miss Gunn, our National Secretary, to write the Affiliated Associations to ask their opinion about postponing our Annual Meeting this year. Miss Gunn wrote fifty-four letters and received twenty-six replies. Of these twenty-two were in favor of postponement, two were in favor of having the meeting, the other two did not state definitely, but one suggested a more central place. This had already been discussed by your officers and will be decided later.

I wish the Association could realize just what it means to be a National Secretary, and the amount of letter writing and other work involved. If they could, I am sure letters would be answered more promptly, that the Secretary might accomplish her work with more despatch.

If the Associations just realized that they are holding everyone back by their lack of promptness, I am sure they would decide that henceforth there would be no delayed replies.

We will endeavor to make some definite plan for our meeting, and will try to tell you in the next issue what we have been trying to do for the Canadian nurses this year.

I would like to thank the Associations who showed their confidence in the present officers by nominating them for next year. We all appreciate this very much, as we have tried very hard to make our National Association a really national organization. If we failed, we have at least made every effort.

SCHARLEY P. WRIGHT,
President, Canadian National Association of Trained Nurses.

---

14 Stationary Hospital, Boulogne Base,
France, February 13, 1915.

Dear Miss Gunn:

By this time, even in Canada, you will be thinking of Spring. I am sorry to have been so tardy about answering your letters, but these are absorbingly busy times, not only in the hospital. Everything is so new and, now that the incessant rain has stopped, we walk a good deal and are all in excellent health.

The hospital is entirely enteric now, the last surgical case having been transferred at Christmas. It is not nearly so interesting from a war standpoint, as almost invariably the cases come from other hospi-

tals and, of course, we have them a long time. Previous to that we had a convoy almost every night, the great majority of which went to England in two days, sometimes one. The ward in which I have been working had the doubtful distinction of losing the first patient who had been inoculated. About five minutes later one who had also been inoculated died in another ward.

The Medical Officer on our ward puts some of the cases on Iodine treatment. They seem to have a shorter course and the tongues are more moist than the others.

The hospital is rapidly filling up, and it is said two other enteric hospitals have been opened. There is a very special Pathologist at No. 14, an Englishman from Paris, so that that part of the work is done very thoroughly. The patients are just as well cared for as they would be in a public ward of a civil hospital.

The compound is really wonderful, and is "mentioned in despatches." They have brought all the bathing huts from the beach and placed them in rows in the enclosure. They have about one hundred and fifty patients, four Sisters and twelve orderlies. The convalescent enterics, able to walk, and all contagious cases are sent out there. When it is raining the Sisters don rubber boots, raincoats and sou'-westers and quite enjoy it. Their only objection is the officers. They usually have about eight, and you can imagine the trouble getting trays for them. It can be quite annoying to start out with a tempting tray and half way to the hut meet a gale from the sea which turns over a jug of cocoa. I have not been out there yet, but our division overlooks it, and they have a few worries.

A friend of our Commanding Officer loaned his car for three weeks to the Sisters. There were two trips of about two hours daily, so we have seen a good deal of the surrounding country we might otherwise never have seen.

Truly, it is La Belle France, but very unsanitary.

The ranks of the English Sisters are quite distinct, and there is a great deal of feeling between them. I don't as yet know the fine distinctions, excepting that the Q.A.I.M.N.S. wear red capes and are the most important. Then there are the Q.A.I.M.N.S. Reserve and C.H.R. Civil Hospital Reserve and Territorials, and one wears a decoration on one corner of her cape and one on another. Unless you are a Q.A. you never wear an all-red (hideous) cape. The others wear a Minister's grey, with a red border.

They are all very agreeable to work with, and have been exceedingly nice and kind to me. Hoping you are well. Yours sincerely,

W. H.

Editorial

RED CROSS SUPPLIES

Unfortunately, we made an error last month in stating that material for surgical dressings would be supplied by the Red Cross. This is manifestly impossible, and we regret the inconvenience to the Red Cross authorities caused by our mistake.

What we should have said was that the nurses would increase the value of their contributions many times by converting the money into supplies, an endless amount of which is needed at the front. From many quarters we learn that the nurses are doing this. And other groups of workers desirous of helping in this way are working under the direction of nurses. And who shall say that these self-sacrificing workers are any less patriotic than those who go to active service at the front. Both forms of service are equally necessary and valuable.

THE CANADIAN NATIONAL ASSOCIATION

The President's letter announces definitely that the annual meeting of the Canadian National Association of Trained Nurses, which was to have been held in Vancouver in May, is postponed. Necessary business will be transacted by the Executive, which will meet later in the year at some central point.

THIS NUMBER

The Graduate Nurses' Association of British Columbia are the contributors this month. The papers will be found interesting and instructive, and entertaining too. Our good friend, Miss Norcross, always cheers us with her unfailing humor and cheerful philosophy.

It was a happy thought that first prompted this plan, for we are thus learning many things about different branches of work which might not otherwise have come to our knowledge.

It is interesting to note that British Columbia leads in having compulsory medical inspection for all the children of the province. Is there not a hint here for the school nurses of each province?

To learn of the work being accomplished along other lines is also

helpful and stimulating. Real development and progress result from the interchange of ideas, and this is always possible through the pages of our magazine.

THE INTERNATIONAL COUNCIL OF TRAINED NURSES

The British Journal of Nursing reports that a brief business meeting of the International Council will be held at San Francisco to appoint officers for the next triennial period and to consider the place of meeting. The third week of June has been chosen as a more convenient time for this meeting.

It is a very great disappointment to the nurses of this continent to have to forego the International Congress, but under existing conditions all realize the wisdom of the officers in cancelling the Congress. This awful war, that is causing suffering and distress to millions of people, will do more to weld the nursing profession and make it one the world over than many congresses.

THE NURSES' OPPORTUNITY

The hospitals—fully equipped and manned—to be sent to the front by McGill, Queen's and Toronto Universities, will be staffed by fully-trained, competent nurses, who will do honor to the institutions from which they graduated. "Political pull" will have no place in their selection. And that is some comfort to the nurses of Canada, who have been feeling disgraced by the inclusion of some untrained women as nursing sisters with the nurses sent with the first Canadian Contingent.

The injustice to nurses and nursing is only one of the results of such utter disregard of rules and standards. The soldiers must suffer. Surely these brave men who risk their lives and often sacrifice them in our defence deserve the very best care that can be provided. And previous experiences have demonstrated past a shadow of doubt that the untrained woman cannot, with the best intentions, provide this adequate care.

There isn't even the excuse that there was a lack of properly qualified nurses, for a good list of properly vouched for graduates was placed in the hands of the authorities. Who is responsible for the lack of proper nursing care? Somehow, some day, justice will be done to all.

Nurses will be interested in the letter from one of our nurses at the front, which Miss Gunn has kindly given us.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck.

The regular monthly meeting of the Executive was held at the Nurses' Club, 295 Sherbourne Street, Toronto, on February 24, 1915, at 3 p.m., the President in the chair. Eleven members were present.

The Treasurer's report showed a bank balance of $160.97.

There was no report from the Press and Publication Committee or from the Committee on Revision of By-laws.

The President reported that the Canadian Women's Suffrage Association was presenting a Bill to Parliament at this session.

A letter explaining that Chapters have no power to accept members was to be sent to Kingston Chapter.

The Association is to be responsible for articles to fill the pages of "The Canadian Nurse" for May. The Legislation Committee reported that the President and Convener had interviewed the lawyer about legislation. Another conference was arranged for when there will, we hope, be something more definite to report.

The annual meeting of the Board of Governors of the Victorian Order of Nurses for Canada was held in Ottawa, March 4th, in the board room of the Conservation Commission. The attendance was large and included representatives from almost every part of the Dominion.

Mr. J. M. Courtney presided and excellent reports were presented for the year. The Chief Superintendent's was a very comprehensive survey of the work throughout the country. In almost every part splendid advances have been made and despite the war and the fact that the V. O. N. committees and nurses are active in Red Cross, patriotic and Belgian relief work, their efforts have not relaxed in the old, necessary work of their local philanthropies.

The statistical reports showed that 40,455 patients had been nursed in the hospitals and districts of the Order, that 314,211 visits had been made in the districts, 9,526 night calls responded to, 637 days' continuous nursing was reported and 61,500 hospital days.

One hundred and twenty-seven visits of inspection were made and 33 visits of organization.

Eight new branches were opened, viz., districts at Owen Sound and Woodstock; hospitals at Chapleau, Ont., and Ganges, Salt Spring Island, B.C., and country districts at Fairlight, Hyde Park, Jedburgh and Paynton, Saskatchewan.

Attention was drawn to the advance that has been made in the country district nursing, to the increasing number of branches where school nursing is being done, and to the added interest that is being taken in pre-natal and child welfare work.

The attention of the Governors was called to the work of the Executive Council during the year in connection with the training centres of the Order. The Executive Council has adopted the recommendations of the special committee on training centres. These called for practical training in district nursing under trained supervisors, an

observation course in associated charities, tuberculosis, school nursing, child welfare (including work in milk stations), settlements or neighborhood house work, and a lecture course, covering the above field, of at least 52 lectures a year. Besides, an up-to-date library of books of reference, dealing with district nursing and social service work, should be provided at each centre.

Miss MacKenzie urged that these recommendations be carried out to the letter and such provision made that nothing will be allowed to interfere with the education of the post-graduate students.

The Chief Superintendent paid a warm tribute to the splendid work that is being done by her assistant, Miss Drake, and by the assistant inspector, Miss Elizabeth Hall.

A number of delegates spoke appreciatively of the work of the nurses. Among these were Mrs. Gossage, Dr. Guerin, Dr. Kennedy, Dr. Harley Smith, Professor Robertson and Mr. Walkem, K.C.

Miss MacKenzie, in closing, said: "The nurses we cannot adequately thank. To them really belong the laurels, for just in so far as they have been faithful, efficient and loyal, has the work of the Order been possible."

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

ADDRESSING OF MAIL.

In order to facilitate the handling of mail at the front and to insure prompt delivery it is requested that all mail be addressed as follows:

(a) Rank .....
(b) Name. . . . .
(c) Regimental Number. .....
(d) Company, Squadron, Battery or other unit. .....
(e) Battalion. .....
(f) Brigade. .....
(g) First (or Second) Canadian Contingent. .....
(h) British Expeditionary Force.

Army Post Office,
LONDON, ENGLAND.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

THE ORIGIN, IDEALS AND OPPORTUNITIES OF THE NURSING PROFESSION

By Dr. Maud Abbott, Montreal.

However practical the necessity which may have brought many of us in the first place to consider the choice of a life work, such as we are engaged upon, we have, at least in the great majority of cases, chosen this particular path because the work was congenial to us and such as might be done by us for the pure joy of the working; and if our exercise of it is to be dignified by the name of Profession we are doing our best, however imperfect, to follow it in a spirit of consecration to its higher issues. To such as live in this spirit their profession is a compelling force, calling for the best exercise of their faculties and energies, and for the conservation of all their resources, including the proper use and protection of their physical strength, as a means to a great end.

On the other hand, it is possible for each of us, physician and nurse alike, to lose the inner vision of our calling under the pressure of material needs or the fatigue of onerous duties, and to be tempted to do our work, not for the sake of what it is or does for others, but for what it brings to ourselves. That is, in modern phrase, we may commercialize our vocation.

In an age such as the present and in the stress of our strenuous

living, there is nothing else so needful as to call a halt and consider those ideals of our calling which dignify our material relations and place our work where it belongs, on a plane of service to others, that is, without money and without price.

The public, in general, pays us this high tribute; that is, it looks upon us, not as the paid hirelings of its person, but as members of its body corporate, who as carers for and nurturers of the sick, confer by our conscientious ministry debts that can never be repaid. It is for us to maintain by our own moral attitude that subordination of the material return received to the primary claims upon us of our patients' highest welfare, that lifts our calling out of a business into a profession, while still procuring to us the means of an honorable livelihood.

Let us ask ourselves wherein does the strength and beauty of this life of service to others, that we have chosen, lie? The simplest reply to such a question is always, to my mind, the biographical one. Thus, one conception of, "What is goodness?" is best interpreted by pointing to the life of a good man; and we understand our own aspirations better as we see them mirrored in saintly lives. To take the highest example of all, it is from the life of Christ Himself, as reflected in the Gospels, that we learn most forcibly the great truth, "He that loseth his life shall find it"; and who can read "The Little Flowers of St. Francis" without realizing afresh with the Saint of Assisi, the elemental yearnings of our own best moments towards the single-hearted consecration of every act. The message for ourselves, for you and me, in our profession, comes home to us just now with startling directness from the life of the great founder of Modern Nursing, Florence Nightingale.

As is probably known to you all, one of the most popular new books of the year is a thorough biographical study of the life, character and work of Florence Nightingale, by Sir Edward Cook, published by the Macmillan Company, London, in two volumes. Based upon a thorough study of a mass of written records, including Miss Nightingale's own voluminous correspondence, personal notes and diaries, much of which has not before been laid open to the public, this work for the first time presents her story fully and fairly to the world without sentimental exaggeration, but with the force of actual recorded facts. The history of the "Crimean Muddle," as the situation which she was called upon cope with in the East was picturesquely called, is told with fairness and discrimination, and the history of her activities, both then and in her subsequent life, are accurately detailed.

In this book the Florence Nightingale of our traditional knowledge is replaced by a somewhat different, but a more human, and we venture to think, a much greater character, one in whom the self-devotion

and passionate tenderness of heart towards the distressed, for which she has always been immortalized, was combined with an unswerving singleness of aim, a wide clarity of judgment, and immense powers of organization and execution that initiated and carried out far-reaching reforms. Her story as here told is not alone that hackneyed theme familiar to us of a gifted and gentle lady, who, moved with patriotic pity, braved the dangers of the seat of war for the sake of helping the distressed soldiers of a beloved Queen, and who became thereafter the popular heroine of the Victorian Age. The secret of her immense popularity and of the lasting greatness of her name has had a more logical foundation and deeper root than could have been possible from the fruits of any single action. For in this case as always Vox populi vox Dei est.

From this new biography we learn that her life before that Crimean climax was one long struggling preparation and battling through of many barriers raised alike by social prejudice and domestic affection towards the vocation that she felt was hers. though she knew not how or when it might come to her, but which, when it came, found her ready with prejudices defeated, expert training secured, spiritually and mentally waiting for one of the great medical crises of the nineteenth century, that was to be hers to control and subdue. Nor after the crisis in the East was over did she subside into the gentle inaction of an invalid chamber, as has been popularly thought, but from that chamber, battling always with the physical illness that remained after her exertions in the Crimea, and that threatened her life many times, she proceeded unrestingly to the solution of those many pressing problems by which medical science was revolutionized by her in various directions.

Had it not been for the absolutely Herculean labors of Florence Nightingale, invalided in body but of indomitable will, after her return from the Crimea, the terrible lessons of the war would have remained unlearned by the British nation, and great reforms in the hygiene of the British Army, Sanitary Science both in East and West, Hospital Construction, and last but not least in the profession of the gentle art of Nursing, reforms which she instituted, organized. and actually dictated to Court and Ministers alike, would not have been carried out, and the many wrongs she righted would have remained for the sufferings of a later generation to retrieve. In the face of her prolonged illness the heroism that struggled and won success for these reforms was on a higher plane than that by which she won the nation's praise at Scutari and Balaclava.

It is this new and immensely heroic presentment of her genius that I wish to bring before you briefly to-night, reminding you, by

the way, that from these same fountains that inspired her the springs of unselfish and devoted exercise of our calling also lie.

Florence Nightingale was born at Florence, Italy, on May 19th, 1820. The house in the Poste Romano, where her parents spent that winter, bears now a memorial inscription. She came of an old, and in her time, wealthy Derbyshire family. With an only sister, a year older than herself, she was brought up chiefly in the country between her father's two estates, Ophea Hurst, in Derbyshire, and Embley, in Hampshire. The education of the two girls was conducted chiefly by their father, who taught them Italian, Greek, mathematics, constitutional history, and other subjects, on a rather broader scale than was usual in the education of young girls of that period. The centre of a large family connection and surrounded by a large circle of intimate social acquaintances, in the midst of an unusually affectionate home circle, there were no external circumstances to give to her life the bias which it was quickly to assume towards activities that led her, for the welfare of others, outside of her name. Inheriting her practical ability and social gifts from her mother, and from her father a clear and speculative mind, and from some remoter ancestor a deeply philanthropic bent, she added to these qualities a critical altruism that quickly noted the differences between the lot of rich and poor, and brought her early to the conclusion that the wealth of which she was brought up in the enjoyment should only be used as a means of working. These feelings were not at all shared by her immediate family, who, even quite early, combated them with affectionate solicitude. Quite early in life, too, there came to her the sense of a call, not to her later vocation, which came much later, but to a sense of some appointed mission—a self-dedication to the service of God.

In an autobiographical fragment, written in 1867, she mentions as one of the crises of her inner life that "God called her to His service" on February 7th, 1837, at Embley, and there are later notes which still fix that day as the dawn of her true life. She was then seventeen.

At this time Mr. Nightingale took his wife and daughters to Italy and France for the finishing of their education. These were days of leisurely travel, and Florence entered heartily into the life of foreign society and sightseeing. Her diary, kept throughout, shows her keenly interested alike in scenery and in works of art, and it contains also, what records of sentimental pilgrimages often lack, an admixture of notes and statistics upon the laws, land systems, social conditions, and benevolent institutions of the several states and cantons. In Geneva, where they arrived in the autumn, returning from Italy, the Nightingales had the entree to all the learned society. Here Florence met Sismondi, and in her conscientious diary made a full note of his discourse: "All Sismondi's political economy," she writes, "seems to

be founded on the overflowing kindness of his heart. He gives to old beggars on principle, to young from habit. At Pescia he had 300 beggars at his door one morning. He feeds the mice in his room while he writes his histories."

These were stirring times. both in Italy and in Switzerland, and Florence threw herself deeply into the political interests of the situation in both countries. Politics and social observations mingle in the diary with artistic and architectural notes. Genoa la Superba most appealed to her in point of beauty. Everywhere Mr. and Mrs. Nightingale brought introductions and mixed in the best society. In Paris especially the fascination of social life must have been brought vividly before her, for here she was introduced to the most brilliant of the salons, that of Miss Mary Clarke, afterwards an intimate friend of Mme. Recamier. (Read pp. 21-22.)

Returning to England in 1839 to a very happy home, rich in the possibilities of social pleasure, there seemed no reason to expect that she, any differently from others shining in her cultivated circle, would not ultimately perhaps, as her friends hoped she would, make a happy marriage with some good and clever man.

But as she passed from girlhood to womanhood she came to form other plans. Feeling probably the great faculties dominant, and conscious as by a sort of instinct of the great and crying need in which her world stood of the help which she could bring it, a restlessness came upon her to be up and doing the work she was meant to do. In the words of her biographer: "Her life, as she ultimately shaped it, her example, which circumstances were destined to render far-reaching, have been potent factors in opening new avenues for women in the world. Thousands of women are, in consequence of Florence Nightingale's career, born free; but it was at a great price and after long and weary struggles that she herself attained such freedom. During the years with which we are just now concerned she lived in many respects the life of a caged bird. It was, however, pleasantly gilded, and she was by no means always insensible to this, being sometimes tempted to yield to it and accept a restricted life with the conventional bars."

On October 21, 1851, Miss Nightingale sailed for the Crimea, arriving on November 4. She remained there nearly two years. Her superintendence extended over Barrack and General Hospitals at Scutari, those at Roulalee, and of five General Hospitals in the Crimea. When we take into consideration that the Barrack Hospital was four miles long, we may form some idea of the stupendous work.

The death rate at the Battle of Inkerman, in November, was 315 per 1,000, and it fell in the following June to 22 per 1,000.

The lecturer showed many slides of Kaiserswerth and of all the

modern ways and means of caring for the wounded, from the firing line to stationary hospitals—ambulance waggons, motor ambulances, hospital trains and ships, rest stations; so that one realized how the wounded soldier was carried to a place of safety, and the attention he ought to receive with a competent staff to carry on the work.

HOSPITALS AND NURSES.

British Columbia

A general meeting of the Graduate Nurses' Association of British Columbia was held in the Royal Jubilee Hospital, Victoria, on Saturday evening, January 30th, with a large number of nurses present. The President, Miss Wright of New Westminster, was in the chair.

Major Hart, M.D., addressed the meeting, choosing as his subject "Military Nursing." He gave a brief description of the origin and growth of military nursing and an outline of the organization at the present time. This talk was most interesting, and much enjoyed by all. Many questions were asked regarding the work and at the conclusion Major Hart was tendered a standing vote of thanks for his interesting address.

A business meeting followed, after which the nurses were entertained by the Superintendent, Miss McKenzie, and the staff of the Royal Jubilee Hospital, and a pleasant social hour was spent.

Miss Wright and Miss Colvin, of New Westminster, Miss Randal, Miss Judge and Miss Breeze, of Vancouver, went over to Victoria for the meeting.

Saskatchewan

The first graduating exercises in connection with the Weyburn General Hospital Training School for Nurses were held on January 10, 1915, at 8 p.m., in the large ward on the main floor of the hospital, which was decorated with flowers and flags. The many friends of the new graduates filled the spacious ward to its capacity.

Mr. Marshall, chairman of the board, made a few remarks on the work of the institution, and the good standing of the nurses.

Dr. Eaglesham and Rev. A. B. MacIntyre addressed the graduates. Dr. Seymour, of Regina, Commissioner of Public Health for Saskatchewan, gave a short address and presented the diplomas and medals.

The members of the graduating class are:—Misses Fryer, Mustard and Auld.

On the evening of the 5th, the graduates held an "At Home," at which a very enjoyable time was spent.

The new wing of Regina General Hospital is almost complete, two of the four floors having been in use some time. This increases the

capacity of the hospital by over one hundred beds. The most modern equipment has been installed. Large balconies on three sides of the new wing furnish plenty of outdoor accommodation for the patients. A very modern and beautifully furnished children's ward is one of the attractive features. The electric signal system for house doctors and nurses adds materially to the comfort of the patients.

Ontario

Miss Kathleen Panton, teacher of probationers at the Hospital for Sick Children, Toronto, left on Saturday for the Canadian Military Hospital, Shorncliffe, England. An opportunity was given Miss Panton's friends, at the "Residence," to say Good-bye, when she was made the recipient of a number of useful traveling gifts.

Miss L. B. Shantz, late night supervisor of G. and M. Hospital, St. Catharines, has accepted a position in the General Hospital, Regina, Sask.

Miss Elsie McKinnon, graduate of the Protestant General Hospital, Ottawa, class '10, who has been in charge of the operating department in the above hospital, has resigned to accept the position of superintendent of the V. O. N. Hospital, Chapleau, Ont., recently made vacant by the resignation of her sister, who is to be married.

Miss Mae McCreary, 1914, graduate of the Protestant General Hospital, Ottawa, has returned from a two weeks' observation visit to various hospitals in New York and Boston, preliminary to entering upon her duties as head nurse of the operating department, recently made vacant by the resignation of Miss McKinnon.

Miss Rorke, assistant superintendent of the Shenango Valley Hospital, Pennsylvania, is at present taking a six weeks' course in the administration of anaesthetics in the Protestant General Hospital, Ottawa, under the instruction of Dr. Geldert, special anaesthetist to the hospital.

Misses Ellwood and Finlayson, 1914, graduates of the Protestant General Hospital, Ottawa, have completed a course in military training at Quebec, and the Misses Stinson and Hastey, also graduates of the above training school, are now taking the same course.

The regular monthly meeting of the Alumnae of the Ottawa General Hospital was held on Friday, March 5th. Mrs. Vaughan, the President, gave a most interesting and helpful paper on "Hygienic Care of the Sick." The meeting was well attended.

Miss Blair and Miss Whelan, O.G.H., are taking the course at the Military Hospital, Quebec.

Miss Proctor, O.G.H., sailed from Halifax on March 7 for service at the front.

At the February meeting of the Ottawa Graduate Nurses' Associa-

tion, Miss Mabel Lindsay gave a most interesting talk on "Nursing Conditions in France at the Present Time."

Miss Lindsay is a graduate of the Royal Victoria Hospital, Montreal, and was doing private nursing in Paris when the war broke out. She immediately offered her services for active work and was accepted, and assigned to one of the hospitals on the outskirts of Paris. After seven months of very arduous nursing, Miss Lindsay returned home for a much-needed rest.

The members of the Association still meet twice a week to make supplies for the Red Cross Society.

Miss Clare Goodwin and Miss Agatha Quinn, graduates of St. Michael's Hospital, Toronto, are taking a post-graduate course in the Neurological Hospital, New York.

The March meeting of the Graduate Nurses' Association of Thunder Bay District was held on March 3rd, at 8 p.m., at McKellar Nurses' Home, Fort William. Fourteen members were present. Miss Turner continued "The Life of Florence Nightingale," leading up to 1854, just before the Crimean War. Miss Lemier prepared a paper on her recent visit to the Mayo Clinic at Rochester, Minn., but was unable to be present, and her paper was read by the Secretary. Refreshments were served at the close of the meeting.

Miss Henry and Miss Hobbs, of London, Ont., have returned to Port Arthur.

The graduates and pupils of the Mack Training School for Nurses, St. Catharines, met at the home of Mrs. R. L. Dunn on February 12, 1915, and gave Miss Mary E. Thompson, class '07, a kitchen shower.

The Alumnae presented her with table linen. Mrs. Dunn made a charming hostess and served a delicious lunch. A very pleasant evening was spent.

A special meeting of the Toronto Western Hospital Alumnae Association was held at the Nurses' Residence, 24 Rosebery Avenue, on the afternoon of March 9th, with the President, Miss Jackson, in the chair. Miss Anderson, representative on the Central Registry Committee, had some important matters to bring before the members. A letter from the G.N.A.O. was read to secure applications from nurses wishing to enter active service with the Red Cross Society. There was a large attendance at the meeting.

Miss Neelands, graduate of the T. W. H., who has been a patient in the Alumnae ward of the hospital for a few weeks, is improving and, on the 8th of March was able to leave for Muskoka, where she intends remaining for some time.

The nurses of the Guelph General Hospital Alumnae Association have been trying to assist in supplying funds and supplies for our pres-

ent crisis. In the autumn over $100 was collected for the Canadian Women's Hospital Ship.

Later two large parcels of clothing were made and given to the Guelph I.O.D.E. for Belgian relief. At present the nurses are trying to collect material, and to make bandages, for the Canadian Women's Hospital in France.

Hamilton has appropriated $2,000,000 for its new hospital, which is to be started at once. The site on the top of the mountain is considered by experts to be the finest in America.

The members of Victoria Hospital Alumnae Association, London, meet weekly to make comforts, etc., for the soldiers at the front. The regular monthly meetings are discontinued in favor of this work.

Quebec

Misses Frances Upton, Helen Nelson and Flora M. Dalgleish left Montreal for Halifax, where they eventually embarked for England early in February. They go, together with other Nursing Sisters, to increase the number attached to the first contingent.

The Graduate Nurses of the Montreal General Hospital were hostesses at a reception in the Nurses' Home, Saturday, February 20th, the occasion being the commemoration of Miss Livingston's twenty-five years of faithful service as our Superintendent.

Among the guests were the members of the Board of Management and their wives; the graduating class of the school; Miss Hersey, Superintendent of Nurses, Royal Victoria Hospital; Miss Phillips, Superintendent Foundling and Baby Hospital; Miss Fairlie, Superintendent Alexandra Hospital; Miss Craig, Superintendent Western Hospital; Miss Lewis, Superintendent Montreal Maternity Hospital, and the visiting physicians and their wives.

A platinum wrist watch, set with diamonds and bearing the inscription "From the Graduate Nurses of the M.G.H." and the initials N. G. E. L., with the dates 1890-1915, was presented to Miss Livingston by Miss Dunlop (one of the early graduates), with the following address:

"Miss Livingston:—We, the graduates of the Montreal General Hospital, have very great pleasure in presenting you with this watch. On behalf of the graduates, I want to express our great pride in having had you for our Lady Superintendent for twenty-five years. There are not many hospitals which can boast of having had the same Lady Superintendent since their training school was organized, and I wish to tell you with what pleasure we all see you here to-day among us. We have all heard of the many difficulties you had to contend with in the beginning in starting the 'training school,' and those in this room like myself, who can remember old Ward II—(now the Governors' Hall) and the Nurses 'Floor'—(the top storey of the main building)

—and then look at the 'Nurses' Home' we have now, will realize how much has taken place in your time. It is with much gratitude for all you have done for us in the past, and sincere wishes you may remain with us for many years."

After Miss Livingston's reply to the nurses, a silver tea tray and tea urn were presented by Sir Montagu Allan on behalf of the Committee of Management.

Dr. Shepherd was then asked to speak, and made reference to the many changes which had taken place in the hospital during Miss Livingston's management, and of the existing conditions during the early days of the school.

Gifts of flowers were also presented by the graduating class, the house staff and the Alumnae Association, and a large basket of American Beauty roses from the Medical Board.

Among the congratulatory messages read were telegrams from our nurses on the staff of the Delaware Hospital, the Quebec Military Hospital and a cable from Miss Upton, Miss Nelson and Miss Dalgleish, who have recently joined the ranks of the Nursing Sisters connected with the first Canadian Expeditionary Force.

Mr. and Mrs. Merlin Davies, Miss Baldwin and Mr. Tedford, accompanied by an efficient orchestra, furnished the music for this, the most memorable occasion, in the history of our school.

The following nurses have been chosen from the Montreal General Hospital graduates to increase the number already chosen for the McGill Hospital staff:—Violet Elenor Sampson, Elenore D. Handcock, Louella Gilles, Annette M. Tate, Clare Gass, Eveline M. Whitney, Lily N. Gray, Alice M. Cooper, Jane F. Mann, M. Fortescue, Mary L. MacDermot, Edna J. Giffin, Anne S. Morewood, and Jeannette F. Duncan.

At the meeting of the Alumnae Association of the R.V.H., Montreal, held on the evening of February 11th, Dr. Martin gave a most interesting lecture on India. Having traveled through that country last year, he was able, from personal observation, to make his descriptions of the country and people exceedingly interesting. He showed some very beautiful photographs which he took himself. The whole lecture was much appreciated and enjoyed by those present.

The Alumnae Association of the R.V.H., Montreal, in company, no doubt, with most of the other associations of the country, is beginning to feel itself very much "in the war." All but two of the nurses who went with the first contingent are in France; these two are in military hospitals in England, and many interesting letters are being received from them all. And now thirty-six more of our number have been chosen to go with the McGill Hospital in the spring, half of whom are now taking a month's training in the Military Hospital in Quebec.

Meinecke

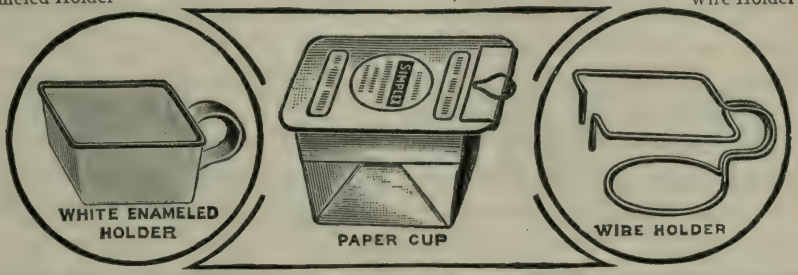
"Simplex Sanitary" Paper Sputum Cup and Holders

Cup with Enameled Holder

Automatically Closing Cover
Wide Opening
No Unsanitary Flanges

Patented October 29, 1907.

Cup with Wire Holder



The Most Practical Cup, either for Tuberculosis Sanatoriums or General Hospital Use

Seven Reasons Why

1.—It is already folded into shape for immediate use.
2.—Each Cup has a cardboard Cover, attached with a paper hinge, and both Cup and Cover are burned after being in use a day.
3.—The Cover is easily and quickly raised, and closes automatically. This automatically closing cover prevents flies and other insects from coming in contact with the germ-infected sputum.
4.—The wide opening and absence of flanges allow free entrance of sputum.
5—It is made of heavy manila, waterproof paper, which, being light in color, facilitates ready examination of the sputum.
6.—It can be used either with the Wire Holder or the White Enameled Holder. Both these Holders are neat, easily cleansed, and very practical. The White Enameled Holder, being much heavier, is particularly useful on the porches and verandas of Sanatoriums and Hospitals, as it cannot be blown over by the wind.
7.—It is the only Cup that can be used without a holder.

Flat or Knocked-Down "Simplex Sanitary"

For the convenience of Tuberculosis Sanatoriums and Hospitals using large quantities of Sputum Cups, we are prepared to furnish

"Simplex Sanitary" Paper Cups Flat with Folding Creases

so that they can readily be put together by Assistants or Patients.

When furnished Flat, these Cups are put up 100 in a Box, and 2,000 in a Case.

Free Samples Sent on Request to Hospitals and Sanatoriums

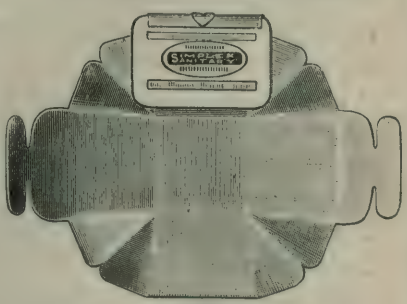


Illustration of Knocked-Down "Simplex Sanitary" Cup with Cover Attached

Meinecke & Co., 48-50 Park Place, New York

Nova Scotia

To the arrival in Halifax of the nurses en route to the front were due two of the chief entertainments of the week. It has been interesting, by the way, to watch, during the past five years, the way in which, through organization of the Nova Scotia Graduate Nurses' Association, the members of one of the noblest and most important professions in the world have won recognition of a kind which hitherto they did not have. It has been the logical result of organization with the express object of eliminating from the ranks of membership all those who had not certificates of thorough qualification. The Association, as the physicians of the city and province fully recognize, is doing for the nursing profession locally what the Dominion Association, which we had with us last summer, is doing for the nursing profession of the country as a whole. It has been interesting to read that Kitchener, "the man behind the guns," takes, as regards the Red Cross nurses, precisely the position to which these organizations adhere firmly. Efficiency, not "pull," is the thing upon which he is sternly insistent. Wounded soldiers should be protected, and are being protected in this war from "experimentation" by young women with more zeal than knowledge. *The Mail* has already referred to the enjoyed tea given through Mrs. M. A. Curry's kindness, at her residence, 71 Morris Street, under the auspices of the Graduate Nurses' Association. On February 4th there was a reception in honor of the visitors at the Nurses' Residence of the Victoria General Hospital, by Miss Kirke, Superintendent of Nurses ,and the nursing staff. It was altogether a memorable evening. The residence was bright with "patriotic" decorations, bunting being mingled with the Union Jack and the Canadian flag, while here and there was a vase of fragrant flowers. The guests, among whom the nursing profession in Halifax was represented by its best, were welcomed by Miss Wrayside, matron in charge of the party of visitors, and Miss Kirke. Among those present, together with the physicians of the hospital staff and their wives, Mr. Kenny, the superintendent, and the commissioners, Mr. Justice Drysdale, Judge Wallace and O. E. Smith, were Premier Murray and the Hon. Mr. Armstrong, Canon Hind and Rev. A. B. Cohoe. To a beautiful musical programme, Mrs. Hagarty, Mr. McElhinney and other favorites contributed.

On the afternoon of February 6th, through the courtesy of the Local Council of Women, the Nova Scotia Graduate Nurses' Association held a meeting at the Women's Council House, having with them the nurses both of Miss Wrayside's party and of Miss Bolton's, who, "forty-five strong," arrived last evening. All will sail by the Zeeland. At this meeting addresses were delivered by Drs. John Stewart and McDougall, Dean Llwyd and Rev. A. B. Cohoe. "The cup that cheers" was served.

A Message To Every Canadian Nurse

When you read of "Cereal Infant Foods", Malted Foods, and Infant Foods requiring the *addition* of milk, you realize the contrast between these goods and

Glaxo

The Food That "Builds Bonnie Babies"

Being in itself pure milk (with sufficient added cream and lactose to bring it up to the ideal standard of babies' *natural* sustenance) Glaxo is in a class by itself.

Glaxo is made in New Zealand, the finest dairy country in the world, and is prepared for use in a moment by the addition of hot water. It *cannot be wrongly used by your patient.* There is satisfaction for you in this.

Glaxo is also a splendid restorative in convalescence after operations, and for use wherever the digestive organs are weak.

A sample will be sent to any nurse mentioning this paper.

Glaxo

CANADIAN OFFICE

418 Dominion Bank Bldg., Toronto

The reports presented at the thirteenth annual meeting of the Vancouver Hospital, on February 10th, described a year of much activity in the care of the sick and of extension to the institution itself and its equipment. The average number of patients in the hospital per day was 377, and the number admitted during the year was 5,939. The total number of deaths during 1914 was 379. In summing up the year's work, the medical superintendent stated that though there had been a decrease in the per capita cost, there had been no depletion in the service and efficiency of the hospital.

Mr. J. J. Banfield, chairman of the Board of Directors, presided. There was a large number of prominent citizens present.

In presenting the report of the Directors, Mr. Banfield said that during the past year the new service wing was completed, which contained admitting offices, emergency operating rooms, emergency ward, the nurses' dining-room and the main kitchen and diet kitchens, which had a capacity of from 1,000 to 10,000 per diem. The cost of the wing, including all equipment, was $101,330. Other additions were the new Nurses' Home, at a cost of $134,000. Work had been started on the Pathological Building. New departments which had been opened included the out-patients' department and X-Ray department. Among the improvements planned were a Maternity Home and new operating rooms.

Miss Lillian F. Finnegan, Fitchburg, Mass., a graduate of the Burbank Hospital, Fitchburg, Mass., also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged to teach massage to the nurses in training at the Burbank Hospital, Fitchburg, Mass.

Miss Helen L. Heck, Harrisburg, Pa., a graduate of the West Philadelphia General Homeopathic Hospital, and The Women's Southern Homeopathic Hospital, Philadelphia, Pa., also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged by the Harrisburg Hospital to give Instruction in Massage to the nurses in training at that hospital.

Miss Roberta Dunlap, Dennison, Ill., graduate of the San Bernadino Hospital and Training School for Nurses, San Bernadino, Calif., and a post-graduate of the Illinois State Hospital, Peoria, Ill., also a graduate of The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged by the Saginaw Mechano-Therapy Institute, Saginaw, Mich., conducted by the Misses Ethel and Eva Rea, both graduates of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa.

IT HOLDS DOWN THE DUST

The air is always clean and pure in hospitals and public buildings which use

STANDARD Floor Dressing

It holds down the dust on the floor and kills the disease-carrying germs which abound in dust. It prevents floors from warping and splintering and improves their appearance.

Standard Floor Dressing is a sanitary agent and floor preservative which many hospitals have found entirely satisfactory. It is not intended for household use. For prices and any further information, address our nearest office.

THE IMPERIAL OIL COMPANY
Limited

BRANCHES IN ALL CITIES

Made in Canada

Among the students who were graduated in Massage and Allied Branches at the end of the Fall term, 1914, from the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., were the following:

Miss Anna MacMillan, Rochester, Minn., Women's Christian Association Hospital, Jamestown, N.Y.; Miss M. Gertrude Beard, Monmouth Hospital, Monmouth, Ill.; Miss Emma Stenersen, R.N., St. Paul Hospital, St. Paul, Minn.; Miss Edith E. Nichols, B.L., Mendoceno, Calif., formerly Physical Director at Oakland High School, Oakland, Calif.; Miss Margaret E. Kelsey, Physical Director, Portland, Me., Wellesley College, Wellesley, Mass.; Miss Edna Kauffmann, R.N., Mauch Chunk, Pa., Protestant Episcopal Training School for Nurses, Philadelphia; Miss Catherine McSweeney, R.N., Hartford, Conn., Wm. W. Backus Hospital, Norwich, Conn.; Miss Ruth B. Torbert, Jersey Shore, Pa.; Miss DeAnna Sloan, Titusville, Pa., Lee Private Hospital, Rochester, N.Y.; Miss Beatrice E. Wheeler, Advance, N.C.; Miss Nina May Grebe, Philadelphia; Miss Anna Chambers, Centreville, Md., Homeopathic Hospital, Brooklyn, N.Y.; Miss Gertrude M. Hart, Genesee, Pa.; Mrs. Florence B. Haines, Ocean City, N.J.; Miss Barbara Gruber, German Hospital, Philadelphia; Mrs. Agnes S. Zelley, Philadelphia; Mr. Eustace P. Kondis, Boston, Mass.; Mr. Clarence A. Richards, Belfast, Maine, Rhode Island State Hospital, Howard, R.I.; Mr. Gilbert V. Arthur, Providence, R.I., Rhode Island State Hospital, Howard, R.I.; Mr. W. Lake Sacrey, Philadelphia.

MARRIAGES

At St. Joseph's Church, Ottawa, on February 15th, Miss Mazie Courtlaw, Ottawa, to Mr. John Cody, Huntley, Ont. Miss Courtlaw is a graduate of the Ottawa General Hospital, class '10.

At Merritton, Ont., on February 22, 1915, Miss Mary E. Thompson, class '07, Mack Training School for Nurses, St. Catharines, to Mr. Edward H. Hazel, of Hamilton.

At Brandon, Manitoba, on February 5, 1915, Miss Jean Patterson, graduate of Dauphin General Hospital, class '13, to Mr. John W. Douglas, of Prince Albert, Sask.

BIRTH

To Dr. and Mrs. Brunett, Ottawa, on February 19, 1915, twins (boy and girl). Mrs. Brunett (Miss Davis) is a graduate of the Ottawa General Hospital, class '12.

Dix-Make UNIFORMS

ARE READY FOR WEAR AND meet the requirements of the most fastidious. All nurses who would wear strictly tailored and extremely smart-looking uniforms, should insist upon having our label in the garments when buying.

Made with utmost care and precision of standard materials, in all sizes.

Sold by department stores everywhere

The Dix-Make has been selected as the official uniform of the AMERICAN RED CROSS

Write for book of styles, samples of materials, etc. Address Dept. B.

665 $5.00

666 $4.00

Henry A. Dix & Sons Company - Dix Building - New York

Outdoor Life in Canada

in Spring's raw winds, or Summer's parching heat, will not harm your skin or complexion if you use

Na-Dru-Co Royal Rose Talcum Powder

Its perfume is delightful—the true odor of fresh American Beauty Roses.

Get a 25c. tin from your Druggist.

National Drug and Chemical Co. of Canada, Limited

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 846 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Moody; Secretary, Mrs. Willard J. Hill, 360 Oakwood Ave., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 137 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

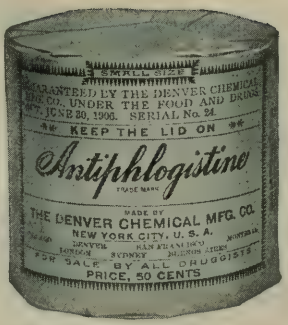
The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Mrs. M. Armstrong; Cor. Secretary, Miss K. Holt.

ABSORPTIVE—
ANTISEPTIC—


GUARANTEED BY THE DENVER CHEMICAL MFG. CO. UNDER THE FOOD AND DRUGS ACT, JUNE 30, 1906. SERIAL No. 24.
KEEP THE LID ON
Antiphlogistine
TRADE MARK
MADE BY
THE DENVER CHEMICAL MFG. CO.
NEW YORK CITY, U. S. A.
DENVER SAN FRANCISCO
LONDON SYDNEY MONTREAL
FOR SALE BY ALL DRUGGISTS
PRICE, 50 CENTS

Directions: —Always heat in the original container by placing in hot water.

Needless exposure to the air impairs its osmotic properties—on which its therapeutic action largely depends.

Antiphlogistine
TRADE MARK

is applicable in every instance where there is congestion, inflammation, tension, pain—and in all wounds (septic, especially), indolent ulcers, gangrene, etc.

Clinical reports of Physicians are authoritive:-

Antiphlogistine on the gangrenous foot of an aged woman so stimulated the circulation as to result in saving the foot.

Carbuncle, treated with Antiphlogistine, shows few, if any failures, in the practise of one physician.

Another says he saved his own leg—septic phlebitis—by the regular, persistent application of Antiphlogistine; also relieved rheumatic iritis in three days.

Such evidence, from professional colleagues, is submitted, through professional mediums, to the profession only.

AN ETHICAL PROPRIETARY FOR ETHICAL PHYSICIANS

Therefore, Physicians should always WRITE "Antiphlogistine" to AVOID "substitutes"

"There's only ONE Antiphlogistine."

THE DENVER CHEMICAL MFG. COMPANY, MONTREAL

THE CANADIAN SOCIETY OF SUPERINTENDENTS OF TRAINING SCHOOLS FOR NURSES.

President, Miss Helen Randal, Supt. of Nurses, General Hospital, Vancouver, B.C.; First Vice-President, Miss V. L. Kirke, Supt. of Nurses, Victoria General Hospital, Halifax, N.S.; Second Vice-President, Miss Stanley, Supt. of Nurses, Victoria Hospital, London, Ont.; Secretary, Miss L. C. Phillips, Supt. of Baby & Foundling Hospital, St. Urbain St., Montreal, Que.; Treasurer, Miss A. J. Scott, St. Margaret's College, 144 Bloor St. E., Toronto.

Councillors—Mrs. Bridgeman, Aylmer, Ont.; Miss Young, General Hospital, Montreal; Miss Flaws, Wellesley Hospital, Toronto; Miss Catton, Lady Stanley Institute, Ottawa.

Auditors—Miss F. M. Fraser, Halifax, N.S.; Miss Potts, Supt. Hospital for Sick Children, Toronto.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss Barbara Gilchrist; Vice-President, Miss Agnas McDougall; Secretary-Treasurer—Miss B. MacIntosh.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 St. Alban St.; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Spring Class opens April 7, 1915
Summer Class opens July 6, 1915
Fall Class opens Sept. 22, 1915

Duration of term four months

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.
MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.

It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY
Buffalo, N.Y.

MALTINE
With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY
88 Wellington St. West, TORONTO

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss L. Galbraith, corner Shaw and Irene St.

Treasurer, Mrs. Canniff, 77 St. Clair Ave. East.

Recording Secretary, Miss Grace Gowans, 5 Dupont St.

Corresponding Secretary, Miss E. C. Anderson.

Conveners of Committees—General Business, Miss Ewing, Miss J. Hamilton; Sick Visiting, Miss I. Gray, 67 Balmoral Ave., Miss M. Ellerington, 159 Cumberland St.

Press Representative and "The Canadian Nurse" Representative, Miss Burwash; Representatives on Central Registry Committee, Miss L. Teeter, Miss Barnhart; Sick Visiting, Mrs. Clutterbuck, Misses Ewing, Jamieson and Cameron.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss Margaret Cameron, 69 Breadalbane Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Miss Lena Davis, Superintendent of Nurses, Hospital for Insane, Queen St. W.; Treasurer, Miss Lucas, 35 Stephenson Ave.

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooke.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Smith, 596 Sherbourne Street; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper, Cummings and Bradshaw.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss Cradock; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Wednesday, 3 p.m.

Absolutely Pure and Delicious

An ideal beverage, of high grade and great nutritive value.

MADE IN CANADA BY

Walter Baker & Co. Limited

Established 1780

Montreal, Can. **Dorchester, Mass.**

Abbey's Effer-vescent Salt

Is the gentlest, mildest and most effective of all tonic laxatives. It makes the bowels act right.

Two Sizes, 25c. and 60c.

All Druggists. 5

School of Medical Gymnastics and Massage

61 East 86th St., New York, N.Y.

POST-GRADUATE COURSE

A. Practical: Swedish Movements, Orthopedic Gymnastics, Baking, Manual and Vibratory Massage.

B. Theoretical: Lectures on Anatomy, Physiology, essential parts of Pathology, etc.

All communications should be directed to

Gudrun Friis-Holm, M.D.

Instructor in Massage at the following Hospitals: Roosevelt, St. Luke, New York, New York Post-Graduate, Bellevue, and others.

Hotel Cumberland

NEW YORK

S. W. Cor. Broadway at 54th Street

Headquarters for Physicians

Near Hospitals, Schools and Clinics.

New and Fire-proof

Most Attractive Hotel in New York.

$2.50 with Bath and up.

ALL OUTSIDE ROOMS

All Rates Reasonable

Ten Minutes' Walk to Forty Theatres

HARRY P. STIMSON

Only N. Y. Hotel Windows Screened Throughout

SEND FOR BOOKLET

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Piggott, Riverdale Hospital; Treasurer, Miss Rogers, Riverdale Hospital.

Executive Committee—Misses Argue, Murphy, Scott, Nicols and Honey.

Conveners of Committees—Sick Visiting, Miss Murphy; Program, Miss Edith Scott.

Representatives on Central Registry Committee—Misses Argue and McPhayden.

Representative "The Canadian Nurse"—Miss McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA.

President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss H. Sykes, 753 Wolseley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolseley Ave.; Treasurer, Miss J. Tracy, 244 Arlington Street.

Conveners of Committees: Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolseley Ave.

Regular Monthly Meeting—Second Thursday at 3 p.m.

PUBLISHERS' DEPARTMENT

The Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., 1709-1711 Green St., Philadelphia, Pa., wishes to announce the opening of the Spring class on April 7th. The work of this school has increased greatly in volume and is able to offer unsurpassed opportunities to nurses wishing to further develop their professional work. The institution in the Swedish (Ling) System of Massage, Medical and Corrective Gymnastics, Electro- and Hydro-Therapy is theoretical and practical. In the past year almost 17,000 treatments were given at this institute, besides the practical experience which is obtained by students attending several large hospital clinics in Philadelphia. The Summer class opens on July 6th and the Fall class on September 22nd. Further information and illustrated prospectus can be obtained by addressing Max J. Walter, M.D., Superintendent.

THE RECOVERY FROM LA GRIPPE

Since the first appearance upon our shores of that unwelcome infectious disease known as La Grippe, the medical journals have been filled with articles advocating different methods of treating the attack itself and its various complications. But little attention, however, has been paid to the important question of how to best treat the convalescent subject. Among all of the acute infections there is probably none that is as likely to leave the patient quite as thoroughly devitalized and generally prostrated, as does a sharp attack of La Grippe. For some reason the degree of prostration from grippal infection appears to be entirely out of proportion to the severity of the attack itself. This peculiarity renders it advisable and usually necessary to strengthen and support the general vitality of the patient during the period of convalescence. Complete rest, nourishing food, plenty of fresh air and stimulation according to directions are, of course, distinctly important measures. At the same time tonic and hematinic medication should not be neglected. Probably the most generally acceptable and efficient general tonic and hemic reconstituent for such patients is Pepto-Mangan (Gude), a bland, non-irritant and promptly absorbable combination of the organic peptonates of iron and manganese. This efficient blood-builder and reconstructive does not disturb digestion nor induce constipation, and is readily taken by patients of all ages.

NURSING BOOKS

Technical Books—If there is any book on nursing you want, write us and we will try to get it for you. The Canadian Nurse, Toronto.

POSITIONS WANTED

Position Wanted—By Graduate of Toronto General Hospital, position in hospital in Western Canada, preferably in British Columbia. Credentials on request. (Day Duty.) Address N. E. H., care of Canadian Nurse.

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone Columbus 7780-7781.

TELL YOUR FRIENDS ABOUT

"The Canadian Nurse"

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, MAY, 1915. No. 5

THE VALUE OF FOODS IN TUBERCULOSIS, AS RELATED TO THEIR COST.

By W. J. Dobbie, M.A., M.D., C.M., Physician-in-Chief of the Toronto Free Hospital and the King Edward Sanatorium.

In many families the cost of food is a very important consideration. Especially is this the case when the additional burden of sickness has to be borne. In such cases it is very desirable that no part of the money spent for food should be wasted. And it is only by a wise selection of food materials, based upon a knowledge of nutritive values, that adequate nourishment can be provided at small cost. The purpose for which a particular food is intended should be a matter of careful consideration as well as the price per dozen or per pound.

The value of a food, it is to be understood, depends chiefly (1) upon the proportion of protein which it will furnish for building and repairing the tissues of the body and (2) upon the energy it will yield for the production of work and maintenance of the body temperature. Protein supplies the material for building and repairing tissues, while fats and carbohydrates are the chief sources of energy. From numerous observations and experiments it has been found that the amount of protein required ranges from 3.5 to 4.5 ounces per day, while the amount of fats and carbohydrates may vary rather widely with the taste of the individual so long as the total energy produced is from 3,000 to 3,500 calories per day. And while the selection of foods which will contribute the needed amounts of the different ingredients must of necessity be governed by the available market supply, the choice should also be influenced by the cost as related to the nutritive material furnished, due regard being paid to such secondary considerations as palatability, variety, and individual tastes.

To judge of the relative value of different foods it is necessary to compare them (1) as sources of proteins, or (2) as sources of energy. And for this purpose the market price alone is of little value. For instance, there is as much total nutriment in a pound of wheat flour as in 3½ quarts of oysters, and yet the oysters would cost many times as much as the flour. So that it will be seen that if a food contains little protein or energy and is high in price it is evident that it is really an expensive food; while on the other hand a food which is high in price may be really a very cheap food on account of the fact that it furnishes

large amounts of protein or energy, or both. A low-priced article is not necessarily a cheap source of nutrients. Cabbage at 2½ cents a pound is low in price, but ten cents worth of cabbage furnishes only 0.056 pound of protein, and 500 calories of energy, while ten cents worth of wheat flour at three cents per pound furnishes 0.38 pound of protein and 5,490 calories of energy, and is, therefore, truly cheap.

In like manner, each of the different kinds of food materials may be considered.

Meat

There is an impression that the costlier cuts are more valuable. This, of course, is a mistake, because an ounce of protein or fat from the tenderloin of beef has no more value, as far as nutriment for the body is concerned, than the same quantity of protein or fat from the shoulder or round. It is true, of course, that the expensive cuts are probably more tender, that they can be served in a more attractive form, and that possibly they have a more desirable flavor. But it is also true that with careful cooking and seasoning the cheaper cuts can be made very tender, palatable, and appetizing. On the other hand, it is to be observed that the cut of meat which costs the least per pound is not in every case the least expensive. For instance, a rib roast selling for, say, 16 cents per pound as it lies on the block may contain so much bone that when trimmed the actual meat will cost from 22 to 24 cents, and I have seen steak sold at 12½ cents per pound which was in reality costing the consumer from 20 to 22 cents per pound for the actual meat.

A fat cut further contains more actual nutrients than a lean cut of the same kind. Thus a lean piece of chuck and shoulder would contain about 16 p.c. of protein and 7 p.c. of fat, while a fat piece would contain about 13 p.c. of protein and 23 p.c. of fat. Therefore, provided the fat is used, the fatter piece is the more economical, because, while supplying almost the same amount of building and repairing material, it possesses a much higher fuel value. The following table gives some interesting information concerning the comparative values of different meats.

Comparative Values and Prices of Meats

Kind of Meat	Price per Pound	10 cents will purchase	
		Protein	Energy
BEEF—	Cents	Pounds	Calories
Tenderloin steak	25	0.064	415
Sirloin steak	20	.081	520
Round steak	14	.135	635
Loin roast	18	.090	580
Rib roast	16	.088	730
Chuck	12	.129	765
Rump	12	.114	920
Shoulder	10	.155	920
Neck	7	.207	1100
Brisket	6	.200	1945
Flank	6	.284	1860
Shank	5	.256	1090

Kind of Meat	Price per Pound	10 cents will purchase	
		Protein	Energy
PORK—	Cents	Pounds	Calories
Smoked ham	20	0.071	840
Bacon	14	.065	1985
Fresh ham	12	.112	1120
Ribs and loin	10	.134	1270
Fat salt pork	10	.019	3670
Sausage	10	.130	2125
Lard	9		4685

Kind of Meat	Price per Pound	10 cents will purchase	
	Cents	Protein Pounds	Energy Calories
VEAL—			
Cutlets	23	.089	310
Loin and rib	18	.093	385
Leg	16	.098	390
Shoulder & breast	12	.180	530
Chuck and neck	12	.133	425
Knuckle and shank	6	.346	985
Flank	6	.424	1370
MUTTON AND LAMB—			
Loin	18	.076	810
Leg	14	.107	640
Chuck and shoulder	12	.099	1120
Neck	5	.243	1970
Flank	5	.276	3630

Eggs

A dozen eggs, which would weigh about a pound and a half, would furnish nearly as much protein, but only about two-thirds as much energy as a pound of medium fat beef shoulder. This beef would cost about 10 cents and would supply 0.155 pounds of protein and 920 calories of energy; the eggs would cost about three times as much and would furnish about 0.13 pound of protein and 640 calories of energy; while 10 cents spent in white bread would furnish 0.36 pound of protein and 4800 calories of energy.

Eggs, of course, are so useful in general cooking, and can be so easily prepared that they become almost indispensable as an article of diet. And taking these points into consideration it may be said that up to 25 cents per dozen they might be classed as comparatively cheap food.

Dairy Products

Whole milk is a very economical food. At six cents a quart, ten cents will furnish more protein and more energy than the same sum spent in beef rump at fourteen cents a pound. Skimmed milk is even more economical, since it contains practically the same amount of protein as whole milk, but costs not more than half as much per quart. As a source of protein, which is the tissue builder and repairer, it is twice as economical as whole milk. Cream and butter are not economical foods, but the use of butter on bread renders bread and butter a very complete food. The comparative value of dairy products may be shown in the following table:

Comparative Values and Prices of Dairy Products

Kind of Dairy Pdt.	Price per Pound	10 cents will purchase	
	Cents	Protein Pounds	Energy Calories
Butter	28	.004	1300
Cheese	16	.163	1230
Whole milk, per qt.	6	.110	1080
Skimmed milk, qt.	3	.203	1130
Cream, per qt.	25	.034	1220
Condensed milk	12	.073	1260

Cereals

These are, on the whole, the cheapest and most economical materials consumed, although there are exceptions. It has been estimated that cereal products comprise about 22 p.c. of the total food of the average

family and supply 30 p.c. of the total protein, 8 p.c. of the total fat, and nearly 55 p.c. of the total carbohydrates.

The cereals most commonly used are wheat, oats, corn, rice, and barley. They are all deficient in fat, contain fair proportions of protein, and supply large quantities of carbohydrates in the form of starch. For this reason they should not be eaten alone, but should be combined with other materials furnishing protein and fat.

The so-called breakfast foods afford a pleasing variety. Generally speaking, they are all wholesome and valuable, and when reasonable in price they are economical sources of nutrients, as compared with meats or green vegetables. Their nutritive value depends entirely upon the grain from which they are derived and is never greater than the flour or meal from the same source. The comparative values of the common cereals is shown in the following table:

Comparative Values and Prices of Cereals

Kind of Cereal	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories	Kind of Cereal	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories
Crackers	8	.134	2380	Buckwheat	6	.069	2770
Rice	8	.100	2040	Barley	5	.170	3300
Wheat Breakfast Foods (as put up in packages)	7.5	.161	2260	Hominy	5	.166	3300
				Bread, white	5	.184	2430
				Rye Flour	3	.227	5430
Wheat Breakfast Foods (in bulk)	4	.302	4250	Wheat Flour	3	.380	5490
				Graham Flour	3	.443	5580
Oatmeal (as put up in packages)	7.5	.222	2460	Entire Wheat Flour	3	.460	5580
				Cornmeal	2.5	.368	6620
Oatmeal (in bulk)	4	.418	4625				

Vegetables

Vegetables are valuable as sources of energy, though a number of them supply as well considerable quantities of protein. They also have a value in that they supply a certain bulkiness in the diet. They differ, however, somewhat widely in respect to their value as sources of protein and energy, as may be seen from the following table:

Comparative Values and Prices of Vegetables

Kind of Vegetable	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories	Kind of Vegetable	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories
Canned Corn	15	.028	455	Onions	3	.047	685
Canned Peas	12	.030	215	Cauliflower	2.5	.043	560
Canned Beans	12	.058	500	Cabbage	2.5	.056	500
Canned Tomatoes	6	.020	175	Parsnips	1.5	.069	1600
Celery	5	.045	350	Beets	1.5	.069	1130
Dried Beans	4	.562	4010	Turnips	1	.090	1250
Green Beans	3	.136	1230	Potatoes	1.5	.120	1130
Green Peas	3	.105	850				

The following tables illustrate the comparative values of different foods, while the graphic chart shows in a different way the same points as far as some of the more common foods are concerned:

Comparative Values and Prices of Food Materials

Showing foods classed as cheap, medium-priced, and expensive, as determined by the amount of protein and energy that can be purchased for 10 cents.

CHEAP

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	Energy Calories
BEEF—			
Plate	6	.230	2150
Brisket	6	.200	1945
VEAL—			
MUTTON AND LAMB—			
Neck	5	.243	1970
Flank	5	.276	3630
PORK—			
Fat Salt Pork	10	.019	3670
Bacon	14	.065	1985
Lard	9		4685
Sausage	10	.130	2125
FISH—			
DAIRY PRODUCTS—			
EGGS—			
VEGETABLES			
Dried Beans	4	.562	4010
Split Beans	4	.615	4400
Potatoes	1.5	.120	2070
Sweet Potatoes	2	.060	1900

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	Energy Calories
CEREAL PRODUCTS—			
Rice	8	.100	2040
Wheat Breakfast Food	4	.302	4250
Oatmeal Breakfast Food	4	.418	4625
Bread	3	.305	4050
Cornmeal	2.5	.368	6620
Crackers	8	.134	2380
Barley	5	.170	3300
SUGARS, STARCHES, ETC.—			
Cornstarch	8		2090
Tapioca	6		2780
Sugar	6		3130
Molasses	6		2580
FRUITS—			
MISCELLANEOUS—			

MEDIUM

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	Energy Calories
BEEF—			
Flank	6	.284	1860
Neck	7	.207	1100
Shank	5	.256	1000
Shoulders	10	.155	920
VEAL—			
Flank	6	.424	1370
Knuckle	6	.346	985
MUTTON AND LAMB—			
Chuck and shoulder	12	.099	1120
Loin	18	.076	810
PORK—			
Smoked Ham	20	.071	840
Fresh Ham	12	.112	1120
Smoked Shoulder	10	.108	1130
Fresh Shoulder	10	.120	1480
Ribs and Loin	10	.134	1270
DAIRY PRODUCTS—			
Butter	28	.004	1300
Cream (25c. qt.)	15	.034	1220
Whole Milk (6c. per quart)	3	.110	1080
Skimmed Milk (3c. per qt.)	1.5	.203	1130
Condensed Milk	12	.073	1260
Cheese	16	.163	1230

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	Energy Calories
FISH—			
Salt Mackerel	8	.204	1290
EGGS—			
Per dozen	16	.083	400
VEGETABLES—			
Green Beans	3	.136	1230
Green Peas	3	.105	850
Parsnips	1.5	.069	1600
Beets	1.5	.069	1130
Turnips	1	.090	1250
Green Corn	2	.060	900
CEREAL PRODUCTS			
SUGARS, STARCHES, ETC.—			
FRUITS—			
Apples	1.5	.027	930
Pears	3	.020	980
Grapes	3	.033	1120
Figs	16	.027	930
Dates	10	.019	1095
Prunes	10	.018	1190
Raisins	10	.023	1445
Dried Apples	10	.016	1350
Dried Apricots	10	.047	1290
MISCELLANEOUS—			
Cheese	16	.163	1230

EXPENSIVE

Kind of Food	Price per Pound Cents	10 cents will purchase Protein Pounds	10 cents will purchase Energy Calories
BEEF—			
Chuck	12	.129	765
Rib	16	.086	730
Round	14	.135	635
Loin Roast	18	.090	580
VEAL—			
Cutlets	23	.089	310
Loin and Rib	18	.093	385
Leg	16	.098	390
Chuck and Neck	12	.133	425
MUTTON AND LAMB—			
Leg	14	.107	640
PORK—			
FISH—			
Salmon, fresh	35	.040	175
Salmon, canned	15	.146	615
Cod, salt boneless	20	.139	275
Lobster, canned	35	.052	175
Oysters (35c. qt.)	18	.030	130
DAIRY PRODUCTS—			
EGGS—			
CEREAL PRODUCTS—			
VEGETABLES—			
Cabbage	2.5	.056	500
Lettuce			
Cucumbers			
Tomatoes			
Celery	5	.045	350
Onions	3	.047	685
Greens			
Canned Corn	15	.028	455
Canned Peas	12	.030	215
Canned Tomatoes	6	.020	175
SUGARS, STARCHES, ETC.—			
FRUITS—			
Pineapple	10	.004	200
Peaches, fresh	4	.025	635
Peaches, canned	8	.009	280
Bananas	7	.011	430
Oranges	7	.011	345
Berries	6	.007	290
Cherries	6	.015	575
Muskmelon	3	.006	200
Cranberries	4	.010	535
MISCELLANEOUS—			
Chicken	15	.092	520
Turkey	18	.092	600

Now, in tuberculosis the foods require an increased supply of protein, together with an adequate quantity of energy producing material, such as fats or carbohydrates. The most important articles of diet are the animal foods, and milk, beef, and fats and oils should form the essentials. Starches and sugars are allowable in milder cases, but never to the exclusion of the nitrogenous elements.

For patients suffering from tuberculosis there should be selected from the different classes of foods the following as being the most suitable:

Cheap—Beans, peas, cereal products such as wheat flours, wheat breakfast foods, oatmeal, cornmeal, and bread; cheaper cuts of meat; bacon, sausage; tapioca, rice, sugar, molasses; skimmed milk.

Medium—Preserved fish (cod, salmon, halibut); green peas and beans; cut of leaner meat; fresh fish; eggs (not exceeding 24 cents per dozen); chicken, turkey; whole milk.

Expensive—Condensed milk; fat meats; shell fish; oysters; cream; vegetables; fresh and dried fruits; butter and lard; canned vegetables and fruits.

Definite rules such as would apply to all cases cannot be given, but enough has been said, and enough material furnished to make it possible during the present period of hard times for both those who are well and those who are sick to select a dietary that will be at once nutritious and economical.

GENERAL HOSPITAL NO. 4.—UNIVERSITY OF TORONTO.

Such is the name of the unit which is attracting so much attention at the present time. Its development along with Hospital No. 3, McGill University, is largely owing to the spirit of self-sacrifice shown in university circles during the war. It was felt that universities could best serve their country by the establishment of large, well-equipped hospitals. The University of Toronto gave several of its teachers and forty-four of its recent graduates and advanced students to establish a clearing hospital. This was an important development and should be of great use as the personnel of its staff is somewhat striking, and many of the young men giving their services in humble capacity are of great ability. Already they have shown their worth by doing a splendid service in the investigation and control of the cerebro-spinal meningitis outbreak. Without their help the epidemic might have reached serious proportions.

However, the General Hospital involves a much more elaborate and somewhat different equipment, including the development of an institution, based to a great extent on the same lines followed in any general hospital. The work done will be carefully organized, the arrangements for scientific supervision are well devised, and fully equipped laboratories will be attached in which clinical, pathological and X-Ray investigations will be carried on. In other words, with a staff composed of many of the most accomplished physicians, surgeons and scientists on the University staff, efficiency must follow, especially in view of the fact that they will be aided by a carefully selected group of nurses whose ability is well known. As a matter of fact, efficiency has been the one thing kept in view in the development of this hospital. The Militia authorities have shown a keen desire to co-operate in every way possible and have been liberal in outfitting the hospital as thoroughly as they can—but War Office ideas and medical ideas are far apart when it comes to the question of necessary equipment. For this reason the University Staff has undertaken to raise a large fund to add what appears to them to be necessities for the efficient care of patients and the saving of valuable lives. Very few people, not in the inner circle, have any conception of what it costs to maintain a hospital, and the criticism is often heard that the demands for assistance are extravagant and unreasonable. On the contrary, they are, if anything, understated.

The Medical Staff of the Hospital is made up as follows:

Heads of Services.

Medicine.
Lt.-Col. Graham Chambers
Lt.-Col. A. R. Gordon
Major C. S. McVicar
Major H. C. Parsons
Capt. G. F. Boyer
Capt. S. R. D. Hewitt
Capt. J. C. Gallie
Capt. A. A. Fletcher
Capt. H. Wookey
Major McGillivray
Capt. A. H. Caulfield
Capt. J. H. McPhedran
Capt. R. G. Armour

Skin.
Major D. King Smith

Eye.
Capt. W. H. Lowry

Dental Surgery.
Capt. G. Gow

Surgery.
Lt.-Col. A. Primrose
Capt. B. P. Watson
Lt.-Col. J. A. Roberts
Major E. S. Ryerson
Lt.-Col. W. McKeown
Major J. Malloch
Capt. R. E. Gaby
Lt.-Col. W. B. Hendry
Capt. G. E. Wilson
Capt. N. Yellowlees

Laboratory.
Professor T. G. Brodie
Professor J. J. MacKenzie
Capt. C. G. Imrie
Capt. Duncan Graham
Major J. A. Amyot

Nose and Throat.
Capt. G. Royce

Genito-Urinary.
Capt. R. Pearse

The Nursing Staff of the Hospital is as follows:

Matron—Miss A. Hartley.

Miss M. J. Allwood.
Miss J. Alport.
Miss K. Adams.
Miss E. Augustine.
Miss P. B. Austin.
Miss M. L. Adams.
Miss M. Bastedo.
Miss M. A. Best.
Miss A. Baird.
Miss E. A. Brewer.
Miss E. Clarke.
Miss Agnes Craddock.
Miss N. Campbell.
Miss A. L. Campbell.
Miss I. P. Courtice.
Miss S. A. Campbell.
Miss M. Carmichael.
Miss F. Charteris.
Miss A. M. Christie.
Miss Conlin.
Miss Cummings.
Miss A. Dickson.
Miss M. E. Dow.
Miss D. Dean.
Miss M. Darling.
Miss A. Doyg.
Miss E. Dunn.
Miss L. A. Davis.
Mrs. S. M. Driver.
Miss E. F. Elliott.
Miss E. E. Fraser.
Miss M. E. Fletcher.
Miss A. Fields.
Miss S. E. Fellows.
Miss Ferguson.
Miss G. A. Gray.
Miss L. A. Gamble.
Miss M. F. Galbraith.
Miss A. V. Gamble.
Miss A. Grindlay.
Miss A. Huston.
Miss E. M. Johnston.
Miss Z. M. Keefer.
Miss M. Lucas.
Miss M. McEachren.
Miss E. L. Moore.
Miss M. McCort.
Miss J. M. Martin.
Miss E. Morris.
Miss E. McLeish.

Miss McElroy.	Miss J. T. Scott.
Miss Muldrew.	Miss A. M. Stirling.
Miss H. MacCallum.	Miss C. I. Stewart.
Miss A. M. Oram.	Miss L. Stevenson.
Miss M. E. Owen.	Miss G. L. Spanner.
Miss C. M. Oatman.	Miss H. Sibbald.
Miss R. Peterkin.	Miss Stagg.
Miss M. I. Richardson.	Miss N. Turner.
Miss A. K. Ross.	Miss C. L. White.
Miss E. L. Richmond.	Miss Wilkinson.
Miss I. Robertson.	Miss M. Wood.

C. K. CLARKE, M.D.
Superintendent Toronto General Hospital.

INSTITUTION FOR INFANTS.

In considering the best conditions for the relief of acutely sick infants and for foundlings or abandoned babies, two important factors must always be kept in mind: (1) The unusual susceptibility of the infant to its immediate environment, and (2) its great need of individual care. The best conditions for the infant thus require a home and mother. The further we get away from these vital necessities of beginning life, the greater will be our failure to get adequate results in trying to help the needy infant. Strange to say, these important conditions have often been overlooked, or, at least, not sufficiently emphasized by those who are working in this field.

One of the cardinal points in handling these acutely sick infants is to realize that the stay in the hospital should be as short as possible after the subsidence of the acute symptoms. The reasons for this are obvious to those who have had much experience along this line. Unless the infant is quickly discharged after the acute symptoms have subsided there is frequently a progressive loss of weight which usually bears an inverse ratio to the age. Perhaps the greatest danger in keeping sick infants long together comes from the ordinary ward infections, the mucous membranes usually bearing the brunt of these infections. We may thus have rhinitis, pharyngitis, tonsilitis, otitis media, bronchitis and broncho pneumonia. It is generally those infants who have been longest in the hospital who succumb to these cross infections. The pneumococcus and streptococcus seem to cause most of the trouble, although in certain seasons the influenza bacillus is also very active. Hospital babies show a poor resistance to added infection—their immunizing power against bacteria and other infections seems to be largely lost after a certain length of time in our institution. In a word, in order to insure good convalescence, the infant must be kept in a hospital for only a short time; it must be carefully guarded from

auto—and—hetero—infection while there, and finally, sent out to recuperate under as favorable conditions as possible.

It was with these ideas in view that the Infants' Department at the Hospital for Sick Children was established. This unit is now situated in the new wing and approximately accommodates 60 infants, for whom there is a nurse for every two children, in this manner attempting to approach the home surroundings where the infants are handled and moved about. The department is divided into small and large glass cubicles, with central corridor between the cubicles, the small cubicles accommodate 2-3 infants, and the large 4-5. Each cubicle has its own ventilating, heating and water system. All the infants are attended to in their own cubicles, thus eliminating contact with infants from other cubicles. With this arrangement we find the spread of respiratory infections to be at a minimum. Children suffering from pneumonia, meningitis, etc., can, so to speak, be treated on the same ward yet separated by glass cubicles which, in themselves, are sufficient to prevent infection. In this manner we have an infants' hospital in small units. The equipment in this one department is complete, including accommodation for two wet nurses, premature room, dressing and minor operating room, and milk modifying laboratory.

Thus the large ward has given way to separate units in the treatment of children, and so far, with infinitely more satisfactory results, but even yet our results can be much improved. The unit of civilization is the family which offers the healthiest physical environment. The most susceptible member of the family to all external conditions is the infant. We must see to it that relief is afforded in the most natural and effective way to these unfortunates who come under our care. For this reason the infant asylum or home must go. Cottages must take the place of barracks. An increased knowledge of the real needs of infant life will not tolerate the old methods much longer, for a larger and wiser human spirit is at work on these problems, which is not content to put up with evils that can be avoided.

HOSPITAL FOR SICK CHILDREN, TORONTO.

EXPERIENCES OF A CANADIAN NURSE IN FRANCE

In January, 1914, I went over to Paris and lived at 6 Rue Freycinet with seven other nurses, all of them graduates of New York hospitals. We had a very nice apartment, with a telephone, and a French maid, who did all our marketing, and cooking, and looked after us generally.

We all did private nursing, working usually for the American doctors and among members of the American colony in Paris. During the last week of July the rumors of war became more and more ominous, until finally, on Saturday afternoon, the order came for the

army to mobilize. All the strangers in Paris were given twenty-four hours to leave the city. At the end of that time, if the Germans had not left, they were sent to concentration camps, and everyone else had to procure their passport from the Consuls of their respective countries, and then get a permit from the police officer in the district in which they lived. One had to have these permits, whether one was either staying in Paris or leaving, and as we only had three days in which to procure them, the crowds were terrible, and at times the line extended for several blocks. Another nurse and myself stood in line from two p.m. until one a.m. It was the same at all the banks and express companies. Fortunately, there were a number of us and we all divided up whatever money we had.

During the first week of the war the American doctors in Paris offered to get up an ambulance for the care of the wounded, and telephoned to all the American nurses and asked them if they would volunteer to help. We all did so gladly, and the American people very generously and promptly contributed money and formed a committee for buying and arranging matters. The French Government gave us the use of a large boys' school; it was a new building, not quite finished and absolutely empty, but it was ideal for the care of surgical patients. This building was just outside the gates of Paris at a place called Neuilly-sur-Seine. The Porte Maillot was the gate we usually went in and out of, and there were huge trenches dug all about it, and always several sentries on guard. No taxicabs or motors could pass through this gate without a special permit.

Towards the end of August things looked blacker and blacker, and it seemed inevitable that Paris was to be taken by the Germans. Never at any time did I see the least sign of a panic on the part of the French people, but the sadness of the faces and the place will never pass from my memory, and the sight and sound of taxis rushing for the stations, piled high with luggage and passengers. The French Government left, also the British, Belgian and Russian legations, with the exception of the American and Canadian. One day word was sent that the gates were to be closed on us, so we sent all the ambulances into Paris and bought up extra provisions and supplies. All this time we were constantly seeing German aeroplanes flying about, with French ones chasing them and shooting at them. At times, especially during the night, we heard the boom of cannon, and I assure you it is not a pleasant sound, when one knows the enemy is near, and we had heard such terrible tales of what the Germans could do. We could not believe our ears when we were told that the Germans were retreating. Up to this time we had only had a few patients, as the authorities were very wisely keeping the city as empty as possible in case of a siege. The city was well prepared for, and expected, a long siege; there were provisions of

all sorts laid in, and herds of cattle, both sheep and cows, were pastured in the Bois du Boulogne.

As soon as the retreat of the Germans was assured the patients were sent in to us, and we got a great number after the retreat from Mons. The poor fellows were in a state of absolute exhaustion, and the filth was indescribable. The majority of them had not had their clothes off for from ten days to three weeks. After they had a bath and a square meal and a sleep they were a changed lot, and all of them asked at once for a shave and cigarettes, and were terribly excited and talkative. Some of these men had been taken prisoners by the Germans, but when the latter retreated they left the wounded behind, so our ambulances brought them back to us. We had one hundred motor ambulances; each one could carry two stretcher cases, or from six to eight men sitting. By the way, ambulance, in France, means a building that is temporarily turned into a hospital.

After the battle of the Marne we were swamped with patients. Imagine, if you can, fifty stretcher cases at once, and as soon as they were attended to, thirty more; and just as we were going off duty at night, fifty to sixty more. All these men were given at once a bowl of hot soup with an egg beaten up in it; then a bath and Anti-Tetanus serum; then they were taken to the X-ray room, and in some cases to the operating room. No one thought of hours or time off. We all went "right on with our work." For about three months this sort of work kept up; then the situation grew much better and we got our ambulance well fitted up and organized. Also we got a great many more nurses and doctors over from America and were able to have a regular night and day staff, and generally to get our hours off, and occasionally a half-day.

The patients were all wonderful, so patient, and sweet to each other; and the moment they were up they helped us in every possible way. We had English, French, Germans, Belgians, Moroccans, Algerians, Turcos, and Singalese. The Germans were civil and gave us no trouble, but they were very silent and rather surly. Of course, they were prisoners and did not know what to expect. One asked: "What will they do with us, will they shoot us?" The other men were so jolly and cheerful, directly their first troubles were over, and they all told us such exciting tales of their lives at the front or in the trenches, and of how they felt when they went into action. All of them said their one hope was that they would not be wounded until late in the day, as they were not picked up until after dark, and it was terrible to lie wounded on the battlefield all day. Most of them said they had to pretend they were dead, or the Germans would kill them; but one man told me he was lying on the field beside a German, and the latter did his first dressing for him and then turned over and died; also an-

other man told me a German carried him over to a safe place and gave him a drink. Several of our patients were decorated with the Medal of Honor. On Xmas Day we had a tree for the men, and it was a wonderful sight to see them filing down the stairs to receive their presents, men of all countries and all nations, in the most fantastic costumes, pink or blue pyjamas, grey wrappers, and mingled with these were the picturesque uniforms of the French, Algerians and Zouaves, and the more sober khaki of the English Tommies. After all the men who could walk downstairs had received their gifts from the tree, one of the orderlies dressed as Santa Claus and went through the hospital, giving presents to the patients who were too ill to leave their beds. Then a number of people walked through the wards and corridors singing carols.

At midnight the priest who was in residence at the ambulance said Mass, and every soldier who could hobble or crawl got up and attended again at 6 a.m.—one of the wounded soldiers who, in times of peace, was a priest said the Mass. I found nearly all of the soldiers were deeply religious.

Early in January I went over to England, where things seemed very different to the Continent. Soldiers were everywhere, of course, and at night London was in complete darkness, but otherwise it was hard to believe that such a short distance away people were homeless and destitute, and that soldiers were suffering and dying from wounds so dreadful that one's most vivid imagination could not even faintly picture them.

MABEL LINDSAY, R.N.
Graduate of the Royal Victoria Hospital, Montreal.

THE INDIAN HOSPITAL.

(The Pas, Man.)

For the benefit of the School and of the Indians of the surrounding Reserves, the Department of Indian Affairs built on a site within 300 feet from the School a hospital for the sick, at a cost of $10,000. It is a substantial frame building, capable of accommodating 25 patients, with basement and a veranda extending the width of the front. Water and light are supplied from the School plants, while the heating is from two hot-air furnaces in the basement. On the ground floor are the doctor's office, men's ward, women's ward, dispensary, operating room, dining room, kitchen and pantry; on the second floor are two semi-private wards, doctor's bedroom, nurses' bedroom and sitting room, housekeeper's room, bathroom, linen room, and a bedroom for emergency help. Separate in a wing by itself is the isolation ward for infectious cases. The interior is finished in beaverboard; the walls are sheeted with alternate layers of lumber, Cabot's quilt and Neponset

paper, and the whole finished off on the outside by three-ply roofing.

The nurse in charge of the hospital is Miss Mabel Jenner. She is a graduate of St. Joseph's, Chatham, Ont. Before she came here she was engaged in private nursing in Winnipeg for three years. Miss Jenner is indefatigable in her duties to the sick from the School and from the Reserves. She is winning her way into the hearts of the Indians, and quickly breaking down the prejudice against hospitals which usually characterises them at first. From the very first good work has been accomplished, and we look forward to its still greater usefulness and benefit. Patients are coming now as far as from Nelson House, on the Hudson's Bay. The hospital is entirely under the control of the Department of Indian Affairs.—*The Advocate.*

NURSES IN MANY HOMES.

Miss Lillian D. Wald, head of the Henry Street Settlement, in discussing the work of district nurses and the responsibility which attaches to them, speaks of the excellent care it is possible to give to little children in the home by the district nurse, and of the educational value to the mother and entire family.

She says: "It must be taken into account that when a child is removed to the hospital he is disturbed by new and strange surroundings, and is deprived of the presence of his mother. The possibility of educating the mother to intelligent nursing has been shown over and over again. The technical care given by the nurse impresses her. She watches the daily bath; the antiseptic care of the mouth, the nasal passages, the eyes, and the excretory organs; the skilful application of hydrotherapy; the careful record of the symptoms, the regularity of visits, the commonsense hygiene, the punctilious preparing of the diet, the skill in making use of the poor provisions of the home.

"Moreover, the nurse's services in the home are preventive; not that she can, through her nursing, avoid or prevent illness arising from bad social, housing, economic, and industrial conditions, but in the sense of avoiding prolonged or chronic illness, complications and disasters which may be due to neglect or unintelligent care, when small matters are important and often balance the result of a disease of acute character.

"With an intelligent nurse and a broad conception of her place in the home during the illness of any member, and the understanding of the physician as to what she may with propriety do, it is quite possible to regulate the nursing of the entire twenty-four hours. She can give the difficult and technical care, writing out very definitely and with much detail just what should be done between the intervals of her visit. The doctors who do not visit their patients regularly are enabled

to have a very fair knowledge of the patient through the bedside notes which the nurse may leave for them or send as often as they may desire.

"I am loath to appear to criticise the admirable care that may be given to children in the hospitals and institutions, and there are certain instances where joint diseases and tubercular conditions cannot be properly cared for in the homes, cases in which prolonged fresh air treatment, including careful supervision of the diet and exercise are necessary. Ordinarily, however, the sick child can be cared for at home. If it were possible to compare the results with children suffering from acute diseases who have been treated in the hospitals with those in the homes, I have no doubt that there would be astonishing and convincing evidence entirely favorable to the care in the homes. This benefit to the children cannot be promoted unless the public recognizes that hospital and home treatment are both necessary for the community, that the reduction of child mortality depends upon the education of the mothers and the other members of the family of the sick child, and that the visiting nurse holds the key to the simplest methods of accomplishing it.

"I do not deny that the child in the tenement house may have unwise, over-zealous care, especially when the mother is left to herself without professional supervision; but the faithful carrying out of the treatment prescribed by the physician, and the wise direction of the mother's efforts by the nurse, cannot fail to operate for the good of the sick child in the home. The service of the district nurse must be comprehended as one part of the entire treatment wherein the doctor and the mother, hospital and dispensary, have their parts. She is, of course, not always able to persuade the family to be loyal to the physician, although all her training influences her to that end, but in extremely emotional households she has often been the one person who has remained at the bedside through the frequent changes of the physician. Her personality has controlled when others have failed.

"Unfortunately, the irregular, indifferent, and infrequent visits of the charity dispensary physician are further complicated by the family's friends more often than by the family itself. These friends often send in additional doctors, sometimes a different one every day."—*The News Letter.*

EXAMINATION PAPER, ST. JOSEPH'S AND R.M. AND GENERAL HOSPITALS, JUNE 17th, 1914.

By Dr. C. C. McCullough, Specialist in Eye, Ear, Nose and Throat.

1. Make a sectional, schematic drawing of the human eyeball, marking thereon the names of the different structures.

2. Define—Cornea, conjunctiva, iris, lachrymeal gland.

3. Follow a sound wave from the time that it strikes the external

auricle until it is interpreted at the centre of hearing.

4. Define—Eustachian tube, mastoid, antrum, oval window, cochlea.

5. Name the three chief nasal passages and state what accessory sinuses open into each.

6. Define—Maxillary antrum, naso-pharynx, faucial tonsil, vocal cords.

7. Describe your technique in: (1) Instilling drops into an eye; (2) Applying moist compresses (cold) to an eye; (3) Irrigating an ear; (4) Spraying a nose with an atomizer.

8. Describe how you would nurse a case of ophthalmia neonatorum.

9. What are the symptoms of, and what would be your early treatment of, acute otitis media?

10. Suppose you were appointed "school nurse," what defects and diseases of the eye, the ear, and the nose and throat, would you be on the lookout for?

1. What would be your first aid: (1) In a penetrating injury of the eye; (2) In a foreign body in the ear?

THE SCHOOL NURSE

"The child is the growing point of progress. It is the present incarnation, more than a symbol, of the future. When we look through the Eastward window we see the child—perhaps 'the Christ that is to be.' "—"*The Child*," London, Eng.

In the June, 1914, number of "The Child" is an article called "The semi-parented Child." It deals particularly with the problem of giving mothering and home comforts to motherless children in poor circumstances, where desirable paid help is beyond the family's purse. An effort is being made in St. Pancras to meet this condition. A small home was established, and children whose fathers could contribute towards their support are given a home life. "On Saturdays and Sundays the fathers—looking, to adapt Punch, 'too respectable to be fathers'—visit the children and are welcomed so blissfully as to negative any suspicions that we are 'breaking up the family.' "

For those unsuited for the home a visiting mother is supplied, who oversees the efforts of the big little sister or overburdened adult relative. She takes cases to the hospital where there is no one to escort the child. This help to a father or mother is a boon, preventing, as it does, the greater sorrow of being separated from their children. This fragment from a fine article does not do it justice, but it gives us a new seed thought, for we, as school nurses, meet these same difficulties in our work.

With the institution of rural inspection of schools throughout Canada will come fresh workers into the field of school nursing. We earnestly solicit your interest in the School Nurse page of "The Canadian Nurse." Make it the medium of exchange of ideas with all other school nurses who read it.

As a tribute to the late Dr. W. H. Doherty, Dental Inspector for Toronto schools, we can do no better than quote the obituary in "Oral Health."

William H. Doherty was one of the great men of dentistry whose place it will be most difficult to fill. His passing has occasioned his many friends the deepest sorrow and has cast a shadow on the entire profession. Though but a young man, his record of service was abundant.

Dr. Doherty's name will always be associated with the organization of dental clinics in the public schools of Toronto, he having had charge of the work from its inception. In his college work, as professor of dental anatomy, he was loved and admired by students and members of the faculty alike.

The knowledge of such a life of service and achievement will be a great comfort to his bereaved dear ones and an inspiration to others.

Dr. Wallace Seccombe, editor of *Oral Health*, has been appointed Chief Dental Inspector for the schools of Toronto.

The appointment of Miss E. M. Paul as Superintendent of School Nurses of Toronto, has been made permanent by the Board of Education.

To the Editor, The Canadian Nurse,

Dear Madam: Canadian nurses have been so deeply interested in seeing Mrs. Fanny Wilde McEvoy cared for in her last days that I feel they should know that her prospects for a longer stay on earth are very uncertain. On the last day of January she suffered a slight stroke of paralysis—affecting chiefly her left arm and side, and to a certain extent her voice. Other organs are more or less involved. It was thought at the time that she would not linger more than a week, but, to the surprise of everybody, she began to improve, her voice recovered, she was able to swallow pretty well, and her mind seemed as bright and clear as ever. However, the improvement has not advanced. She is confined to bed and probably will be until she dies. We do not know what to predict as to how long she may need our care. But everything needful is being done for her, and her many friends in Canada should feel a sense of satisfaction in knowing that she is made as comfortable as is possible in her condition.

Again thanking all the Canadian friends who have interested themselves in her welfare, I am, Faithfully yours,

CHARLOTTE A. AIKENS.

LE TOUQUET.

(From Miss Clint, Graduate R.V.H., Montreal.)

February 7th, 1915.

We had the hospital filled again the beginning of last week, but at present there are only 24 patients on the ground floor instead of 125, and we are absolutely idle.

We had a surprise visit from the Prince of Wales last week. One of my patients saw three officers strolling up the driveway, and exclaimed, "By jove! That looks like the Prince of Wales!" and glancing towards the steps, I saw him running up into the hall. Fortunately, my orderly was just finished scrubbing the floor and the ward was tidy, as ours is usually the first visitors come to. Presently he came in with the Colonel—just the same quiet, serious-looking boy he always seems to be in public. As it was a private, informal visit, no one announced him, and beyond all the men standing at attention he was not officially recognized, though he saw we all knew who he was. He looked at a few notices on the walls, and asked several questions about the hospital, but did not speak to any of the patients in our ward. In the next ward he recognized a school friend, and had a chat with him, as well as talking to the other officers and privates. He stayed about 20 minutes, complimenting the hospital, and saying he would "write to his father" about how well the Canadians were established. He signed the visitors' book "Edward." With him were Lord Claude Hamilton and Colonel Barry, and they had walked from the next village, coming from the front by motor car.

H.R.H. was in khaki service dress, with bulging pockets, and the most awful looking boots I ever saw. He looked very well, and the minute he was outside produced his pipe, and started off at a good pace in the middle of the road to visit another hospital.

The same afternoon, the Duchess of Westminster and her mother, Mrs. Cornwallis-West, came to see the hospital. The Duchess is a fine-looking woman.

Our last wounded included some German prisoners, who were with us ten days, and were then sent to England. Those who spoke English were boastful, and pretended to be confident. One was a brutal-looking sniper, whom everyone hated, but they all behaved themselves quite well. I didn't have any, thank goodness!

These last men were more badly wounded than any we had yet got in, and the horror of the fight, two nights before, was still on them when they told us their stories.

We had a Coldstream, an Irish, and a Scots Guardsman, but a Grenadier was sent upstairs, or I should have had a representative of each of the four regiments.

The boy you enquire about—the last of the King's Guard—was

able to be sent to England, but not a word has been heard of him since, so we don't know what to think, as they usually write to us at once.

There are many heroic incidents, which, of course, never get into the Press, but one which struck me most was that of a man engulfed in the thick liquid mud in a trench during a night attack. His comrades tried to rescue him, at their own peril, both of sharing his fate, or being captured by the enemy, but he insisted on their leaving him, saying, "Go on, boys, save yourselves; I'm done." In the morning all that could be seen at that spot was the point of his bayonet. Doesn't it remind you of the sentinel at Herculaneum during the eruption, who died at his post in the flood of lava?

Last night a Zeppelin raid was expected about Boulogne, which was placed under martial law, lights out at 8 p.m., etc., but nothing happened.

Our two big revolving lights above the forest here have been out for a week past, as they, I suppose, afford a coast signal to submarines.

The weather has greatly improved, and though it was bitterly cold and windy last week, the last few days have been glorious.

Yesterday I walked in to Paris Plage by the sand dunes and beach with another nurse, and came home through the forest. It was about 8 miles altogether.

The day before two of us went in another direction through the woods to the village of Etaples, very small and dirty, but with a few traces of quaintness, which make it more interesting than Paris Plage.

It was on the ground between that place and Boulogne that Napoleon's army for the invasion of England was mustered 100 years ago, and his headquarters were in a chateau not far off.

There was a big camp on the hills beyond Etaples a few weeks ago. Everyone anticipates a frightful campaign in the Spring. I see by the papers last night that the first of the men to die of those who came over with us on the "Franconia" is Lt. Sharpe, the aviator. He was only 24, and had been married one year.

Don't believe all the Canadian papers say about the Princess Patricia's great charge. Lady Evelyn Farquhar, wife of the commanding officer, was here yesterday, and told me they had had an arduous march of 16 miles, then went right into the trenches, and in the next 48 hours had to sustain an attack, and many had frost-bitten feet before they were relieved. They were quite steady, and behaved well, but as for gaining a mile and a quarter of ground, and driving the Germans in confusion before them, such a thing never happened. I hope the Canadian Press will not commence to boast of every Canadian company that fires a shot. It would be something like the undue praise given to the London Scottish, who merely performed what dozens of regiments of the line were doing every day for months without a word

of mention. To do them justice, the members of the corps themselves disclaim all credit and are much annoyed that such a fuss has been made over them because they were territorials. No regiment or contingent can hope to equal the achievements of the British Army, which has fought and died these last six months, and it might as well be acknowledged now as later.

The residents here consider the winter has been very mild, as they often have snow early in January, and so we may have cold on into March. At present, however, the grass is quite green, and people are playing golf daily. Yesterday, when we walked into the village, it was hot enough to go in our blue cotton dresses. It will likely be very hot in summer—there is so much sand and no shade where we are. I expect we shall be in France all this year, anyway.

As we walked through the peaceful woods yesterday, we could not realize we were only forty miles from the firing line. It would seem so near in Canada. But except for the absence of men, no one seems to be much affected by war in the country—to the casual observer, anyway. One has to talk to the people to find out how many relatives are at the front, and everywhere one goes there is a silence and an expectation, even though the war may never be mentioned. We have not heard guns for a long time now.

Some excerpts from a letter from a T. G. H. graduate, whose husband has gone in charge of a Red Cross Unit to Montenegro and Servia, may be of interest. The party left London, England, on January 19th. "They have supplies for six months, and material for a hundred-bed hospital. I had a letter from Gibraltar and they had a very stormy trip that far." "The Montenegro party was landed at Malta, where Fred had a letter of introduction to the Admiral in charge." "They say things are in an awful condition in Montenegro and Servia. Cholera and typhus are rampant. London is quiet but interesting. One sees so many men in khaki, the strangest being the Indian wounded with their khaki uniform, with the turban of the same color. The little Jap Red Cross workers look so pleased with themselves. They reminded me of William in Punch's Almanac for 1915—'He was so proud his boots hurt him.'"

Belgium, Mar. 8th, 1915.

I had a delightful twelve weeks in England before coming over here. Was in Auxiliary Military Hospital in Lady Rosemary Portal's country house. There were two of us, my friend who came from Honolulu, and we had twenty patients, mostly convalescents.

We were treated so nicely and taken all over the place. Lady Rosemary was a perfect angel. Sent us around in her car and took us

out to luncheon and dinner. We had to go in uniform, as we had no other clothes, but never have I been in the fashion to such an extent. Almost the entire female population of England is wearing a nurse's uniform. Certainly all the aristocratic women are gotten up as nurses.

I am at No. 3 Clearing Casualty Station now; we are quite close to the trenches. They do not allow women nurses any nearer the firing than this station. Our patients are picked up and a first dressing applied by the Field Ambulance Corps, then they are sent by motor convoy to us. We feed them, re-dress their wounds, wash them, and change their clothes, then send them by ambulance train to the base. They come to us just as they are in the trenches, covered with mud and so dirty and wet and cold. What they must suffer no words could describe. I suffer from the cold myself, and have never been dry or warm since I have been in Belgium, but, then, my suffering, which is quite bad enough for me, is nothing to what they go through.

This is most interesting and by far the most worth-while work I have ever done. I am so glad to have had the opportunity of doing something for these brave fellows. Their courage is wonderful and they are uncomplaining. We do little enough for them, goodness knows, but it seems to make the most wonderful difference. The hot soup we give them and the wash and change, and they go away different human beings. Of course a great many die, but the marvel is that so many who have the most awful wounds recover.

No one could imagine the horrors of a war like this, unless they were here and could see for themselves.

So far I don't think much of Belgium. It is so dirty and, as far as I can see, it has the worst climate in the world. As for the people, they only seem half civilized to me. They are so primitive and so frightfully dirty. There are seven nurses here, and we are billeted around in filthy little rooms. I did not know human beings could live in dirt like this.

The guns are making such a row to-night. That means lots of patients to-morrow.

E. L. CRAIG, Q.A.I.M.N.S.R.

Editorial

REGISTRATION

Nurses everywhere should study this question as they have not studied it before, for never before has the lack of legal status wrought such wholesale injustice, and, as usual, it is the sick who are the greatest sufferers. It is true, the sick have suffered at the hands of the pretender many a time, but the injustice stands out more glaringly when our brave soldiers are the victims. And why? Not because of a lack of skilled, trained nurses who stood ready to answer their country's call. Oh, no! The reason must be sought somewhere else. And while you are looking for the solution of the problem, just remember that the soldiers are suffering needlessly because of somebody's blunder.

The following excerpt from an editorial in *The Canadian Journal of Medicine and Surgery* gives the truth plainly:

"It is well for the nerves of the soldiers that they can laugh, and some amusing remarks from even their censored letters have been 'going the rounds in Toronto about the loving brigade of "sob sisters" who have usurped the rights of the trained nurses and made the sick beds of the men anything but beds of ease. One of the boys has emulated the example of a soldier too much coddled, at the time of the South African War, who put up a card on his cot bearing the following inscription, "Too sick to be nursed to-day." '

"It is bad enough to be in the grip of pain from wounds, be they won ever so gloriously, but to have to 'put up with a kind but clumsy young woman gushing over one, sticking every pin in as if one were a human pincushion, being burned with a hot water bottle—well, it's more than we bargained for.' It is not right, it is only fair that trained nurses under strictest discipline who know their work, and whose business it is to do it faithfully and well, should take charge of the wounded. No wonder strong protests come from surgeons and men alike at the nuisance these kind but misguided young busybodies make of themselves, and how their violent and untrained efforts often seriously retard recovery of their soldier victims.

"What a pity that these 'sob sisters' cannot see 'theirsels as ithers see them' and go home, join the knitting brigade and get busy praying (as every woman should) for Peace."

Does this not bring home to each nurse the necessity of definite,

persevering work for Registration that such awful conditions may never again be possible? While nurses are not to blame for this needless suffering, they should do all in their power to make illegal the procedures that make such conditions possible.

THE SCHOOL NURSE

There are many school nurses in Canada now, and the number is steadily increasing. There should be no difficulty in maintaining a page for the school nurses, if each one will contribute her quota to help the others who are wrestling with work that is new and problems that are difficult. Interchange of ideas and plans is always helpful and stimulating. No one can attain to the pinnacle of perfection alone. So let us all have the benefit of your experience. If each school nurse will count it part of her work each month to send some contribution, however small, all will be helped and none will find the extra work burdensome. Will you not do this?

Nurses who contemplate visiting the Panama Exposition should plan to take in the meetings of the American Nurses' Association, which are noted elsewhere. These meetings are always interesting and inspiring, and very much worth while.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.
(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen, 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck.

After the close of the regular meeting the programme committee met to consider plans for the annual meeting, at which a large attendance is desired.

All nurses are welcome to attend the meetings, whether members of the Association or not.

On account of so many of the nurses in the Kingston district volunteering for overseas service, and the unusual activities of nurses generally, it has been considered necessary to either postpone the annual meeting, which was to be held in Kingston, from May to September, or curtail programme to a business session to be held in Toronto at the usual time. Definite plans will be made at the next Executive meeting and members will be notified of change of time, if any, and place of meeting.

RE MEDICAL INSPECTION AND SCHOOL NURSING

The Room

If possible, there should be a small room set apart for the doctor and nurse, with wash basin, soap, towels, a table, chairs, record-drawer, tongue depressors, pen, ink, and paper. Here the examinations are made. If a separate room is not available—and it will not be in old school buildings—part of another room or part of a hall should be screened off, as it is desirable to have a separate private spot for this work.

The ideal system of medical inspection implies a medical inspector and a nurse to follow up the pupils to their homes, when necessary. When there is a regular medical inspector, he makes the examination of the children, the nurse being present and often marking the records as he dictates. To the nurse will be left the arranging as to sending up of the pupils for examination—they are sent up in groups usually with the monitor and are sent back to their class as speedily as possible. General examination should be made of each child at the beginning of each term, and as often besides as is indicated and is permissible by circumstances and conditions, and a record kept.

The points to be noted are: Name, Address, Form, Parents or Guardians, Nationality, General physical condition, General cleanliness, Cleanliness of head specially, Eyes, Nose, Ears, Throat, Skin, Teeth, Mentality, Deformities, General remarks.

The card catalogue system is recommended for the records.

Any child found with anything of an infectious or contagious nature is sent home at once, if possible, but, at any rate, is isolated, and a card or note is sent home with him, stating why this step is taken. Any child with anything defective: e.g., bad teeth, swollen tonsils, adenoids, etc., is given a card or note to his parents, pointing out the

defect, and advising that the family physician or dentist be consulted at once. The nurse then follows up each child who has been found defective, to his home, meets the mother or guardian, and explains what is wrong, why it should be corrected, and gives advice, if necessary, on the best way to meet the difficulty.

As pediculosis (lice in the head), is one of the commonest diseases found in many of the schools, it has been found advisable to have little slips printed giving detailed instruction as to how to get rid of this disease, and these are given to the mothers, when necessary.

When a nurse only is employed, the examinations, records and home visits are made by her as described above. There are several points to be noted that are of importance in taking up this work:

First, it may be done only with the permission of the School Board.

Second. No pupil may be sent home without the consent of the Principal. The card or note must be taken to him to be initialed before the child leaves the building. The Principal's word is law in the school.

Third. Very great tact must be used by the nurse in approaching the parents. Many parents do not understand the system, and so at first resent it, but when a tactful nurse explains the reason there is no more difficulty.

In the rural schools, especially, attention should be given to the school building, the sanitary arrangements, ventilation, the cloak and recreation rooms, and every effort made to have the common drinking cup, the common cake of soap, and the roller towel done away with. Besides, it is very helpful for the nurse to give five-minute talks on hygiene, use of tooth brush, and so on, to the pupils, whenever it can be so arranged. The school nurse is the link between the home and the school, and very much good comes from forming that link and keeping it strong.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

NURSING EFFICIENCY

Efficiency is the watchword of the world's workers to-day. The ability to accomplish results with the least expenditure of time is taught the manual laborer. It is sought to eliminate every useless movement in laying brick or nailing boards.

To withstand the bodily wear and tear, and mental strain incidental to nursing, it is needful that the nurse should know how to use her body and mind so as to conserve her energy.

The nurse has to use every faculty of mind and body. She must train her eyes so that they will see at once what needs to be done whenever she enters the sick room, and her mind to comprehend what should be done first, so as to save time, eliminating every unnecessary step and every movement that may cause waste of time.

The writer sat down one day in the hall of a large sanitarium and watched the nurses as they passed to and fro along the halls, and noted wasted efforts. One with a pitcher and can walked about fifty feet from the supply room, and when at the patient's room door found she had forgotten her enema tube. One hundred feet of useless walking—and this was but a sample of a score of other efficiency wastes occurring every day in all institutions.—Kate Lindsay, M.D., *Colorado Nursing News.*

HOSPITALS AND NURSES.

British Columbia

The annual meeting of the Victoria Nurses' Club was held in the Y.W.C.A. rest room, on February 1, 1915. After the reports of the President, Secretary, and Treasurer were read, the following officers were elected: Miss E. H. Jones, President (re-elected); Miss G. S. Smith First Vice-President; Mrs. A. C. Gregg, Second Vice-President; Mrs. C. W. Thornton, Treasurer (re-elected); Miss C. Campbell, Assistant Treasurer; Miss M. E. Morrison, Secretary (re-elected); Miss A. Williams, Assistant Secretary (re-elected); Miss Craighead, Miss Bapty, Miss Nash, executive committee. 1914 was an eventful year for the Victoria Nurses' Club. The club gave up the room in the Alexandra Club, and now holds its meetings at the Y. W. C. A. In April we entertained the B. C. Graduate Nurses' Association, and held our annual dance. The final payment was made on our club lot, also the taxes and registration fee paid. We have given the use of our lot to the Vancouver Island Development League, to be cultivated by some of the unemployed. Two sick members were helped. Ten of our members volunteered for service. The club members have knitted two dozen pairs of socks and made many abdominal binders for the soldiers.

Miss Nancy Nash married Mr. Inglis just prior to Mr. Inglis' departure to Bermuda for garrison duty.

Miss Ethel Saunders was entertained at tea by Miss E. H. Jones, also the members of the Victoria Nurses' Club. Miss Saunders received a wire to be ready for a call to the Front. Mrs. Thornton also entertained Miss Saunders and friends to tea.

The Victoria Nurses' Club held their annual dance on April 8th.

Alberta.

The annual meeting of the Graduate Nurses' Asociation of Medicine Hat was held on January 21, 1915. The following officers were elected: President: Miss Winslow; First Vice-President, Mrs. C. E. Smyth; Second Vice-President, Miss McLaurin; Secretary, Miss Ford; Treasurer, Miss Auger. Executive Committee: Mrs. Koehane, Mrs. Williamson, and Miss Clarke.

Miss Margaret West, recently in charge of the Isolation Hospital in Medicine Hat, and Miss Margaret Dunne, graduate of the Medicine Hat General Hospital, '12, sailed from Halifax in January on the S.S. Zeeland, and are now in England with the Canadian Military Nursing Corps.

The Graduate Nurses' Association of Medicine Hat gave a tea on February 6th, at the Nurses' Home of the General Hospital, in aid of the Red Cross Fund. The proceeds amounted to over $70.00.

Miss Macey, Lady Superintendent of the Maple Creek Hospital, was a recent visitor in Medicine Hat.

Miss Ford, of the Medicine Hat General Hospital staff, has returned from Winnipeg and is doing social service and district work in connection with the hospital.

Miss Pike is nursing in Maple Creek. Miss B. Collies is spending the winter in California.

Miss Mary MacIsaac, graduate of Toronto General Hospital, who for the past year has been lecturer in Home Nursing, Hygiene and Sanitation, etc., on the staff of the Alberta Agricultural Colleges, has received the appointment of Superintendent of Women's Institutes for the Province of Alberta.

A system of medical inspection for the Public and Separate schools of Calgary has been established mainly through the efforts of Dr. J. H. Birch, of the Public School Board. Dr. F. Evelyn Windsor has been appointed School Health Officer, with a staff of seven nurses to assist her. These include Miss Ethel Reid, Victoria Hospital, London, Ont.; Miss A. M. Gee, City Hospital, Minneapolis, Minn.; Miss B. M. Prosser, Guelph General Hospital; Miss K. M. Lonsley, Hackensack General Hospital, Hackensack, N.J.; Miss A. M. Duncan, General Hospital, Calgary, Alta., and Miss E. McPhedran, New York Hospital, New York City, for the Public Schools, and Miss L. LeBlanc, Newton Hospital, Newton, Mass., for the Separate Schools. Rooms for dental and for eye, ear, nose and throat work have been equipped at the School Board offices. The Calgary Dental Club has taken charge of the dental clinics and the members alternate in giving their services free of charge for three afternoons each week. Each of the four specialists in eye, ear, nose and throat work hold a clinic once a week. The necessity and popularity of the work is shown by the crowded waiting room every clinic day.

Miss M. I. Macfarlane, graduate of the General Hospital, Calgary, has been appointed as a representative of the Alberta Red Cross Society to do army nursing under the British Red Cross Association. Miss Macfarlane expects to leave for the East shortly, and to sail for England about the 15th of April.

Miss Avery, of the Calgary General Hospital, has given up her position in charge of the Maternity division and gone East for a much-needed rest. She has been succeeded by Miss Fream, '14, C.G.H.

Manitoba

The Alumnae Association of the St. Boniface Hospital has had some interesting letters from its nurses in London with the A. M. C. They cannot speak highly enough of the kindness of everyone in London. They expect to be sent to France in the near future.

Miss B. MacKinnon, of St. Boniface Hospital, class '12, who has been suffering from an attack of pleurisy, is recovering.

Miss Rose Quinn, of St. Boniface Hospital, class '12, spent a few weeks holidaying at her home in Melita, Man.

Rev. Sr. Lupien, Superintendent of St. Boniface Hospital, accompanied by Rev. Sr. Wagner, Superintendent of Nurses, are at present visiting the larger hospitals in New York, Chicago, and Eastern Canada. They are also buying the newest and most up-to-date operating room and hospital supplies for the new wing of the St. Boniface Hospital, now under construction.

Rev. Sr. St. Thomas, of St. Boniface Hospital, class '11, is suffering from an attack of hemiplegia, and slight hopes are entertained for her recovery.

Ontario

The Red Cross Society of London is sending among the nurses to go to the Front Miss Bertha MacIntosh, who has been till now Assistant Superintendent to Miss Stanley, of Victoria Hospital.

Hamilton: Miss Roadhouse, of the Nurses' Club, has succeeded Miss Osborne as nurse in Dr. Colbeck's office, Welland, Ontario.

Miss Dahl has been in Welland relieving Miss Bradley, of the Cordage Co.

Miss Lilian Dixon, class '14, is going to the front as a Red Cross nurse, under the auspices of the Red Cross Society.

The annual meeting of the Hamilton Chapter of the Graduate Nurses' Association of Ontario was held Friday evening, March 26th, at the Nurses' Club, 137 Catherine St. N. Following the disposal of the routine business, the following officers were elected for the coming year; Miss Merriman, President; Miss Mabel Dunlop, First Vice-President; Miss Laidlaw, Second Vice-President; Miss Storms, Secretary; Miss Edith L. Taylor, Treasurer; and an executive committee composed of Miss Deyman, Miss Renton, and Miss Helen Smith. In future all meetings of the chapter will be held at the Y.W.C.A., as it is more convenient for the members than the club.

The Graduate Nurses' Association of Thunder Bay District, while not taking up Red Cross work definitely, has assisted the women's organizations that are engaged in the work.

In Port Arthur the Women's Canadian Club are doing Red Cross work. Our Association, early in September, gave $10.00 to the Hospital Ship Fund. Later $10.00 worth of bandages was made up at the two hospitals in Port Arthur; six cholera belts were made at St. Joseph's Hospital, and several pairs of socks were given by our members. Dressings made up by different societies are being sterilized at our hospitals. Different members have aided by directing outside societies in making

dressings and pneumonia jackets. Ten scissors given for housewives for soldiers.

In Fort William our society gave $13.50 worth of bandage material, which was made up at McKellar Hospital into different kinds of bandages. Our President, Mrs. Cook, has been very active, and made up 25 cholera belts, five bolts of cotton of which she donated one, also five rolls of gauze into dressings, which were sterilized at McKellar Hospital. The Womens' Patriotic Auxiliary is doing Red Cross work at Fort William. The Belgian Relief Society has also done some Red Cross work and received assistance from the Graduate Nurses' Association.

Berlin: The graduating exercises of the Berlin-Waterloo Hospital were held on the evening of April 30th. The members of the class are: Mrs. Turner, Miss Wunder, and Miss McCorkindale.

Miss Helen Potter, class '12, B. W. Hospital, left for the Quebec Military Hospital, from whence she expects to embark for military service at the Front. A large number of the pupil nurses and of the graduate nurses and doctors met at the station to bid her Godspeed, and literally showered her with flowers as she boarded the train. Many of our nurses feel "called to go," but (very Scripturally) "few are chosen."

Miss Eleanora Smith has been engaged by the Board of Education as Public School Nurse. Miss Smith has the honor of being the first Public School Nurse for Berlin.

The Graduate Nurses' Association here has been busily engaged trying to help along in our present crisis by making surgical dressings for the Red Cross Society.

The February regular monthly meeting of the Graduate Nurses' Association was held at the home of Miss Master. The meeting was scheduled as a "Social Evening," but the executive felt that sociability would be best promoted by work, and notified all members to bring along their scissors and get busy. The results were four bales of sectional dressings, bandages, and sterilized old linen compresses.

The March meeting was held at the hospital. After the routine business the life of Florence Nightingale was studied. The theme was divided into three topics: "Early Life and Training," by Miss Potter; "Life at the Crimea," by Miss Winterhalt, and "Closing Days," Miss M. Master. At the conclusion of the meeting the nurses were very pleasantly entertained by Miss Rodgers, Superintendent.

The regular program for the April meeting was set aside, and an afternoon and evening were employed in making more surgical dressings for Red Cross purposes. The meeting was held at the home of Mrs. Bilger, President (a graduate of the Toronto General Hospital), who delightfully entertained the nurses to luncheon.

Peterboro: Miss Gertrude Reid, A.M.C., graduate of Nicholl's Hospital, has gone to take charge of the Military Hospital, Kingston.

Miss Grace Crowe, who has been in charge of the operating room of the Nicholl's Hospital, has resigned on account of illness and is succeeded by Miss Burgess, class '14.

Very much regret is felt over the illness of Miss Brotherson.

At a recent tea, held by the graduate nurses in aid of the Red Cross Fund, the married nurses were most enthusiastic workers. Among them were two former Superintendents of Nicholl's Hospital—Mrs. (Dr.) Carmichael (Miss Bolster), and Mrs. David Millar (Miss Coleman). The effort was most successful.

Quebec

Miss Olive Ross, class '09, R.V.H., Montreal, went last autumn from her home in Edmonton, to take charge of a mission hospital at Grande Prairie, Alberta. She wrote to the Alumnae Association a very interesting and amusing account of her journey, most of which was by stage, and occupied, owing to various adventures, seventeen days. The hospital is small but convenient and home-like, the people very kind, interested and appreciative, and, as the railroad is being constructed and coming nearer all the time, she hopes not to feel quite so much out of the world very soon. Her fellow members of the Alumnae Association wish her every success in her new work.

Newfoundland.

The Newfoundland Nurses' Association has been trying to do a little to help the poor of the city and relieve in some measure the distress caused by the want of work consequent on the war. A tea among the members, a pancake party on Shrove Tuesday, to which the hospital nurses were invited, and a musicale in the Girls' Department of the Seamen's Institute brought in $65.00. The musicale was under the patronage of Lady Davidson, who was accompanied by Miss Davidson. It was a great success. As the room was small, admission was by invitation only, and every available space was filled.

A donation of $5.00 from His Excellency the Governor, and another $5.00 from an unknown friend brought the amount up to $75.00. The membership of the Association is steadily increasing and meetings have been held regularly all through the winter.

Miss Anna Lee, Minneapolis, Minn., a graduate of the Southwestern Hospital, Minneapolis, Minn.; also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged to take charge of the bath department of the Hotel Homestead, Hot Springs, Va.

Miss De. Anna Sloan, Titusville, Pa., a graduate of the Lee Private Hospital, Rochester, N.Y., and also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged by the mechanical department of the Scarlet Oaks Sanitarium, Cincinnati, Ohio.

Miss Emma Gertrude Lavers, Easton, Pa., a graduate of the Chautauqua Normal School of Physical Education; also a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been retained by that institution as an instructor.

Mrs. S. Caroline Beer, Philadelphia, Pa., a graduate of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, Pa., has been engaged by Poland Springs Sanitarium, South Poland, Me., to take charge of the hydriatic department of that institution.

THE AMERICAN NURSES' ASSOCIATION.

"The American Nurses' Association will hold its eighteenth annual convention in San Francisco, June 20-26, 1915. With this Association are affiliated the National League of Nursing Education and the National Organization for Public Health Nursing, the three associations representing a membership of more than 25,000 nurses. The convention week will be opened by a special Sunday evening session, at which Dr. Aked will preach to the nurses assembled. Registration, important business meetings, and a formal joint opening session will mark the proceedings for Monday. The four following days will be devoted to papers, discussions, sectional conferences and round tables at which the problems of the three different bodies will be considered, sometimes in separate sessions, sometimes in large joint meetings. The programme is not yet in its final form, but it promises to be of great interest and advantage to all. It is hoped that as the convention is held at the same time as those of the American Medical Association and the American Hospital Association, many nurse superintendents of hospitals can be present who could not otherwise attend two conventions, and that many nurses who are wives of physicians may attend the nursing meetings while their husbands are engrossed in their own duties. Then, too, the dates, late in June, will make it possible for vacations to be planned to include the convention and the Exposition."—*The American Journal of Nursing.*

HEADQUARTERS HOTEL.

The Clift Hotel, Geary and Taylor Streets, is official headquarters for delegates. No single reservation prices are quoted, but with twin beds in each room and private bath the rate of $5.50 per day is very reasonable ($2.75 each), and the hotel is attractive in every way, three-minute walk to convention hall, and on direct line by municipal cars to the Exposition.

Y.W.C.A. Women's Hotel.

Nurses coming alone to San Francisco will be glad to note that the Young Women's Christian Association has opened a hotel for women. The rates charged are most reasonable, and will offer good opportunity for attending our State and National Conventions June 20 to 26, with least possible expense. This hotel is two blocks from our convention hall, and on direct line to the Exposition.

Y.W.C.A. Women's Hotel, 642 Jones Street, San Francisco. Telephone Franklin 5940.

Per Day.

One in room	$1.00	$2.00	$2.25
Two-room suite	.....	.....	3.50
Two in room (each person)	1.00	1.50	1.75
Two-room suite	.....	.....	2.00
Three in room (each person)	1.00	1.25	1.50
Two-room suite	.....	.....	1.75

Per Week.

One in room	$7.00	$10.00	$12.50
Two-room suite	.....	.....	20.00
Two in room (each person)	7.00	7.50	8.50
Two-room suite	.....	.....	12.50
Three in room (each person)	7.00	7.00	7.50
Two-room suite	.....	.....	9.00

Monthly Rates.

Single rooms, $25 to $35; suites, $50.

Private bath with each room with the exception of a very few $1 rooms.—*The Pacific Coast Journal of Nursing.*

LABRADOR SENDS ITS GIFT TO BELGIUM.

To those who have given generously to the Red Cross and other agencies for relieving the distressed people of Europe, it will be especially touching to read of the way in which Labrador has contributed.

The people of the peninsula decided the best thing to do was to hold a fair, although it was a puzzle to know who would have the money to buy, but they brought everything they could. The spirit of self-sacrifice ran high, and when the day of the fair dawned at St. Anthony, December 16th, Dr. Grenfell and his assistants hardly knew whether to laugh or cry over the heterogeneous mass of articles brought to the schoolroom where the fair was to be. The sentiment of the village was, "We must do something or stop praying with our mouths."

One man brought a new dog sledge; a poorer man a brace of wild ducks. Another donated snow shoes; then came a man with a pair of skin boots, and another with only a pair of boot bottoms—he couldn't afford to give more. A boy brought a rolling pin and board, another a footstool. There was a wonderful model sledge, and some stuffed puppies. A woman brought a pair of double knitted woolen mittens, which she asked if she herself could buy back for her Charlie, as he needed them. One woman whom Dr. Grenfell calls "a real, live Mrs. Wiggs," handed in a new pillow slip. "There's 60 cents worth of new stuff in it," she said; it was a veritable widow's mite.

Pathos was often mixed with hilarity, as in the case of one man who gave the engagement ring sent back by the girl who jilted him. Another man, somewhat better off than his neighbors, donated his watch, saying he could find out the time with a cheaper one.

It had been a problem who would buy all the things, and the most optimistic wondered where the money would come from. But it came. At St. Anthony there had been a second catch of fish—something unusual for that time of the year—and people came thirty miles to spend as many cents at the fair for the relief of the Belgians. And everyone was overjoyed to see the articles disappear. Lady Davidson, wife of the Governor of Newfoundland, gave her patronage, and well-to-do people sent sums of money to be expended for the articles contributed. One gentleman gave $50 to be used in purchasing articles, while Lock's Cove sent a buyer with $17. One man, who had six children, and could ill afford the contribution, bought a cake and then gave it back to be auctioned off again. When the fair at length closed everything was sold, the receipts amounting to $470.

Lest readers should think, however, that Labrador is prospering, it may be well to state that one of the hardest seasons in years is upon it. War has raised the cost of flour and other necessities, and closed the European market for fish, the income from which is the main support. Dr. Grenfell reports great suffering and hardship on every hand.—*The Canadian Congregationalist.*

THE NURSES' LIBRARY

State Registration for Nurses. By Louie Croft Boyd, R.N., graduate Colorado Training School for Nurses, connected with City and County Hospital, Denver, Colorado, 1899; post-graduate Presbyterian Hospital, Chicago, Illinois, 1903; member Colorado State Board of Nurse Examiners, 1905-1909. Second Edition, enlarged. Octavo volume of 149 pages. W. B. Saunders Company, Philadelphia and London. Canadian agents, the J. F. Hartz Co., Ltd., Toronto. Cloth, $1.25 net.

Miss Boyd has arranged a most convenient book of reference for nurses who wish to make themselves conversant with registration as it obtains in the United States. Her "Summary of Laws" makes comparison easy. And for further study, the full text of the different laws is given.

A Compend of Obstetrics, especially adapted to the use of medical students and physicians. By Henry G. Landis, A.M., M.D., late Professor of Obstetrics and Diseases of Women in Starling Medical College. Revised and edited by William H. Wells, M.D., Assistant Professor of Obstetrics in the Jefferson Medical College, Philadelphia; Assistant Obstetrician in the Maternity Department of Jefferson Medical College Hospital; formerly adjunct Professor of Obstetrics and Diseases of Infancy in the Philadelphia Polyclinic; Fellow of the College of Physicians; Member of the Obstetrical Society, etc. Ninth edition, illustrated. P. Blakiston's Son & Co., 1012 Walnut St., Philadelphia. Price $1.00 net. This Quiz-Compends will be very helpful to the nurse student in review work.

The Muscular System. By Harold Burrows, M.B. (Lond) B.S., F.R.C.S. Profusely illustrated. The Scientific Press, Ltd., 28 and 29 Southampton St., Strand, London, W.C. Price 1/ net.

Notes on the Nervous System. By Edwin L. Ash, M.D.Lond., formerly physician (out-patients) to the Italian Hospital, London; Cheadle Gold Medalist, St. Mary's Hospital, Paddington; Sometime Demonstrator of Physiology, St. Mary's Hospital Medical School; author of "The Nursing of Nervous Patients," "Nerves and the Nervous," etc., etc. These two tiny volumes deal in the briefest way with the subjects indicated.

Questions and Answers on midwifery for midwives, with syllabus of lectures for the "C.M.B." By A. B. Calder, M.B., M.R.C.S. Fourth edition. 16 mo. Price 1/6 net. Bailliere, Tindall and Cox, 8 Henrietta St., Covent Garden, London, 1915. This little booklet provides a convenient means of reviewing this subject.

The Curative Action of Radium, by Sigm. Saubermann, M.D., of Vienna and Berlin. Fifty pages with 35 halftone illustrations. Pub-

Meinecke

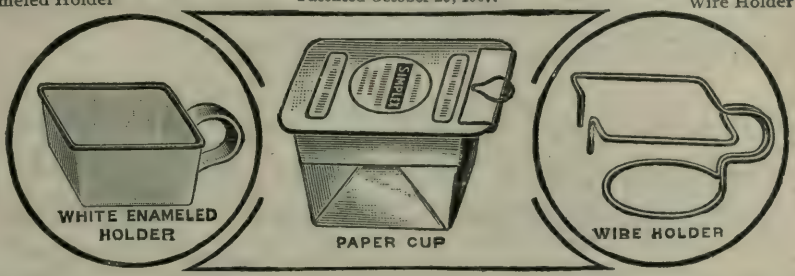
"Simplex Sanitary" Paper Sputum Cup and Holders

Cup with Enameled Holder

Automatically Closing Cover
Wide Opening
No Unsanitary Flanges

Patented October 29, 1907.

Cup with Wire Holder



The Most Practical Cup, either for Tuberculosis Sanatoriums or General Hospital Use

Seven Reasons Why

1.—It is already folded into shape for immediate use.
2.—Each Cup has a cardboard Cover, attached with a paper hinge, and both Cup and Cover are burned after being in use a day.
3.—The Cover is easily and quickly raised, and closes automatically. This automatically closing cover prevents flies and other insects from coming in contact with the germ-infected sputum.
4.—The wide opening and absence of flanges allow free entrance of sputum.
5—It is made of heavy manila, waterproof paper, which, being light in color, facilitates ready examination of the sputum.
6.—It can be used either with the Wire Holder or the White Enameled Holder. Both these Holders are neat, easily cleansed, and very practical. The White Enameled Holder, being much heavier, is particularly useful on the porches and verandas of Sanatoriums and Hospitals, as it cannot be blown over by the wind.
7.—It is the only Cup that can be used without a holder.

Flat or Knocked-Down "Simplex Sanitary"

For the convenience of Tuberculosis Sanatoriums and Hospitals using large quantities of Sputum Cups, we are prepared to furnish

"Simplex Sanitary" Paper Cups Flat with Folding Creases

so that they can readily be put together by Assistants or Patients.

When furnished Flat, these Cups are put up 100 in a Box, and 2,000 in a Case.

Free Samples Sent on Request to Hospitals and Sanatoriums

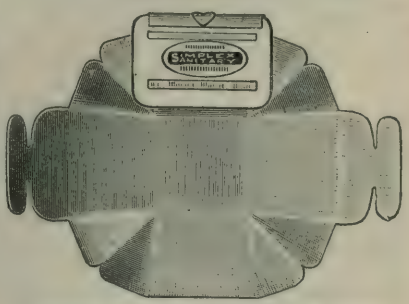


Illustration of Knocked-Down "Simplex Sanitary" Cup with Cover Attached

Meinecke & Co., 48-50 Park Place, New York

lished by Radium, Limited, U.S.A., 25 West 45th Street, New York, N.Y.

Dr. Saubermann is one of Europe's greatest authorities on the Radium Emanation Therapy, and in this booklet he voices the results of his research work, covering a period of over eleven years. It is of great interest to all physicians desirous of using radium emanation in treating those diseases which it influences.

The 35 illustrations contained are, in all probability, the first of their kind ever shown, and demonstrate clearly the effects of the rays and emanation of radium.

The booklet will be sent free to our readers on application to the publishers, by mentioning "The Canadian Nurse."

MARRIAGES

In Montreal, in December, 1914, Miss Leela P. Greetham, to Mr. Harry Powers, of Montreal.

At Toronto, Miss Alta Horsey, graduate of St. Boniface Hospital, class '13, to Dr. R. L. Hurst, of Winnipeg.

On January 20, 1915, at St. Mary's Church, Winnipeg, Miss Mary Holden, graduate of St. Boniface Hospital, to Mr. F. H. Hartman, of Barrows, Sask.

On January 11, 1915, in Montreal, Miss N. Tough, graduate of Montreal General Hospital, to Mr. Charles Nelson. Mr. and Mrs. Nelson will reside at 471 Cote St., St. Antoine Road, Westmount.

At Ottawa, on January 6, 1915, Miss Grace Moore, graduate of the Presbyterian Hospital, New York, and President of the Ottawa Graduate Nurses' Association, to Major Potter, of Ottawa, formerly of Halifax.

At Toronto, on January 1, 1915, Miss Edna Asselstine, graduate of Riverdale Isolation Hospital, Toronto, class '13, to Mr. F. R. Quirk, Toronto. Mr. and Mrs. Quirk will reside at 28 Millbrook Crescent, Toronto.

BIRTHS

To Dr. and Mrs. Burnett, Burlington, on March 15, 1915, a daughter. Mr. Burnett (Miss Robertson) is a graduate of Hamilton City Hospital, 'class '05.

To Mr. and Mrs. Alfred Morris, 203 John St. N., Hamilton, on February 28, 1915, a son. Mrs. Morris (Miss Millie Hanhan) is a graduate of Hamilton City Hospital, class '06.

A Message To Every Canadian Nurse

When you read of "Cereal Infant Foods", Malted Foods, and Infant Foods requiring the *addition* of milk, you realize the contrast between these goods and

Glaxo

*The Food That "**Builds Bonnie Babies**"*

Being in itself pure milk (with sufficient added cream and lactose to bring it up to the ideal standard of babies' *natural* sustenance) Glaxo is in a class by itself.

Glaxo is made in New Zealand, the finest dairy country in the world, and is prepared for use in a moment by the addition of hot water. It *cannot be wrongly used by your patient.* There is satisfaction for you in this.

Glaxo is also a splendid restorative in convalescence after operations, and for use wherever the digestive organs are weak.

A sample will be sent to any nurse mentioning this paper.

Glaxo

CANADIAN OFFICE

418 Dominion Bank Bldg., Toronto

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Moody; Secretary, Mrs. Willard J. Hill, 360 Oakwood Ave., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 137 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Mrs. M. Armstrong; Cor. Secretary, Miss K. Holt.

STANDARD Floor Dressing

insures hospitals against the dust evil. It is sanitary because it holds down the dust on the floor and kills the germs which the dust contains. Standard Floor Dressing preserves the floors; it penetrates and fills the pores of the wood and keeps out dust and dirt. It is economical; one gallon will cover from 500 to 700 square feet of floor. Standard Floor Dressing greatly improves the appearance of the floor and prevents it from warping and cracking. For prices and any further information, address our nearest office.

THE IMPERIAL OIL COMPANY
Limited

BRANCHES IN ALL CITIES

Made in Canada

THE CANADIAN NURSE EDITORIAL BOARD

Newfoundland

Miss Southcott, Supt. Training School for Nurses, Gen. Hosp., St. John's.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

Cape Breton

Mrs. Lornay, Brooklands, Sydney, N.S.

Nova Scotia

Miss Pemberton, Supt. Restholm Hospital, Halifax.

Miss Kirke, Supt. Victoria General Hospital, Halifax.

New Brunswick

Mrs. Richards, Supt. Victoria Public Hospital, Fredericton.

Miss Hegan, 75 Pitt St., St. John.

Quebec

Miss H. A. Des Brisay, 16 The Poinciana, 56 Sherbrooke St. W., Montreal.

Miss Colquhoun, 301 Mackay St., Montreal.

Miss Emily Freeland, 285 Mountain St., Montreal.

Miss Hersey, Supt. Royal Victoria Hospital, Montreal.

Miss L. E. Young, Asst. Supt. Montreal General Hospital, Montreal.

Miss M. Vernon Young, 56 Sherbrooke St. West, Montreal.

Miss Grace E. Nourse, 5 Elizabeth St., Sherbrooke.

Ontario

Miss Morton, Supt. Gen. and Marine Hospital, Collingwood.

Miss MacWilliams, Supt. General Hospital, Oshawa.

Miss Robinson, Toronto General Hospital.

Miss Janet E. Anderson, 35 Norwich St, Guelph.

Miss Bessie Street, 137 Catherine St. N., Hamilton.

Miss Annie Baillie, 237 Queen St., Kingston.

Miss M. A. MacKenzie, Chief Supt. V.O.N., Somerset St., Ottawa.

Miss M. A. Ferguson, 476 Bonsecord St., Peterboro.

Miss L. Regan, St. Joseph's Hospital, Port Arthur.

Miss Jewison, 71 First Ave., Toronto.

Miss Ewing, 295 Sherbourne St., Toronto.

Miss S. B. Jackson, 36 Prince Arthur Ave., Toronto.

Miss M. Russell, 24 Patterson Ave., Ottawa.

Miss McNeill, 82 Gloucester St., Toronto.

Miss J. I. Gunn, Toronto General Hospital.

Miss E. F. Neelin, General Hospital, Kincardine.

Miss A. M. Connor, 853 Bathurst Street, Toronto.

Miss Mary F. Thomson, 2 Lyman Street, St. Catharines.

Miss J. Ferguson, 596 Sherbourne Street, Toronto.

Miss Lennox, 32 Bernard Avenue, Toronto.

Miss G. A. Hodgson, 26 Foxbar Rd., Toronto.

Mrs. W. Cummins, 95 High St., London.

Miss G. A. Gowans, 5 Dupont St., Toronto.

Miss Butchart, Toronto.

Miss E. Master, 27 Ellen St. E., Berlin.

Manitoba

Miss Birtles, Supt. General Hospital, Brandon.

Miss Wilson, Supt. of Nurses, General Hospital, Winnipeg.

Miss M. I. Burns, General Hospital, Winnipeg.

Saskatchewan

Miss Jean E. Browne, Alexandra School, Hamilton St., Regina.

Alberta

Miss M. M. Lamb, 562 Kirkness St., Edmonton.

Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

British Columbia

Miss Judge, 811 Thurlow St., Vancouver.

Miss M. H. Clarke, 1030 St. Charles St., Victoria.

Miss Rene Norcross, 1274 Mitchell St., Victoria.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

BOARD OF DIRECTORS

Mis J. I. Gunn, Toronto, President.

Miss M. E. Christie, 39 Classic Ave., Toronto, Secretary-Treasurer.

Miss Lennox, Toronto.

Miss J. G. McNeill, Toronto.

Miss A. I. Robinson, Toronto.

Editor

Miss Bella Crosby, 295 Sherbourne Street, Toronto.

Dix-Make UNIFORMS

ARE READY FOR WEAR AND meet the requirements of the most fastidious. All nurses who would wear strictly tailored and extremely smart-looking uniforms, should insist upon having our label in the garments when buying.

Made with utmost care and precision of standard materials, in all sizes.

Sold by department stores everywhere

The Dix-Make has been selected as the official uniform of the AMERICAN RED CROSS

Write for book of styles, samples of materials, etc. Address Dept. B.

665 **$5.00**

666 **$4.00**

©

Henry A. Dix & Sons Company - Dix Building - New York

EVERYTHING you enjoy in a talcum, you'll find in

Na-Dru-Co Royal Rose Talcum Powder

Impalpably fine—velvety soft—exquisitely rose perfumed—soothingly antiseptic—once you have tried it you will never willingly be without Na-Dru-Co Royal Rose Talcum Powder. 229

25c. a tin at your Druggist's

National Drug and Chemical Co. of Canada, Limited

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss Barbara Gilchrist; Vice-President, Miss Agnas McDougall; Secretary-Treasurer—Miss B. MacIntosh.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 St. Alban St.; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

ATHLETIC ACTIVITIES

revive with the advent of Spring, and a natural increase in cases of traumatic synovitis, bruises, simple and infected wounds, contusions, etc., call for

Antiphlogistine
TRADE MARK

as a safe, convenient, antiseptic application with strong antiphlogistic action. **Adopted by European War Hospitals.**

It is well to remember that Antiphlogistine stands alone as a non-toxic, non-irritating abstractor of fluid exudates in superficial inflammations, and is the only remedy that, thru an inherent hygroscopic property, will relieve deep-seated congestion by inducing superficial hyperemia, and that, without irritation.

Physicians should WRITE "Antiphlogistine" to AVOID "substitutes"

"There's Only One Antiphlogistine"

THE DENVER CHEMICAL MFG. COMPANY, MONTREAL

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss L. Galbraith, corner Shaw and Irene St.

Treasurer, Mrs. Canniff, 77 St. Clair Ave. East.

Recording Secretary, Miss Grace Gowans, 5 Dupont St.

Corresponding Secretary, Miss E. C. Anderson.

Conveners of Committees—General Business, Miss Ewing, Miss J. Hamilton; Sick Visiting, Miss I. Gray, 67 Balmoral Ave., Miss M. Ellerington, 159 Cumberland St.

Press Representative and "The Canadian Nurse" Representative, Miss Burwash; Representatives on Central Registry Committee, Miss L. Teeter, Miss Barnhart; Sick Visiting, Mrs. Clutterbuck, Misses Ewing, Jamieson and Cameron.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss Margaret Cameron, 69 Breadalbane Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Miss Lena Davis, Superintendent of Nurses, Hospital for Insane, Queen St. W.; Treasurer, Miss Lucas, 35 Stephenson Ave.

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooke.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Smith, 596 Sherbourne Street; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper, Cummings and Bradshaw.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss Cradock; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Wednesday, 3 p.m.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Summer Class opens July 6, 1915

Fall Class opens Sept. 22, 1915

Duration of term four months

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.
MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.

It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY
Buffalo, N.Y.

MALTINE
With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY
88 Wellington St. West, TORONTO

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Piggott, Riverdale Hospital; Treasurer, Miss Rogers, Riverdale Hospital.

Executive Committee—Misses Argue, Murphy, Scott, Nicols and Honey.

Conveners of Committees—Sick Visiting, Miss Murphy; Program, Miss Edith Scott.

Representatives on Central Registry Committee—Misses Argue and McPhayden.

Representative "The Canadian Nurse"—Miss McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA.

President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss H. Sykes, 753 Wolseley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolseley Ave.; Treasurer, Miss J. Tracy, 244 Arlington Street.

Conveners of Committees: Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolseley Ave.

Regular Monthly Meeting—Second Thursday at 3 p.m.

PUBLISHERS' DEPARTMENT

The uppermost thought of every trained nurse of to-day is to give the patient every relief. Is it a question with you what to do? Massage, Electric and Hydro-Therapy, as taught by the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Incorporated, which is affiliated with the Bushhill Sanatorium, 1709-1711 Green Street, Phila., Pa., can meet every demand, whether it is to quiet a nervous patient or to produce motion in ankylosed joints, due to fractures or rheumatism. The complete facilities of this institute for Electric Light Baths, Vapor Baths, Nauheim Baths, Schott Exercises, Hydro-Electric Baths, and various medicated baths, as well as a most complete Electrical Department, where the students practice Static, Faradic, Galvanic, Sinusoidal, High Frequency and X-Ray work, are unsurpassed. Classes open now; also on July 6th and September 22, 1915.

If interested write for illustrated prospectus to Max J. Walter, M.D., Supt.

HAYS & GREEN FEATURE CONSUMERS' LEAGUE LABEL

Where merchandise is marked with the Consumers' League Label, there is that undeniable mark of cleanliness. To qualify for this label, merchandise must be made in clean, sanitary factories, where the operators are paid "living" wages. No sweat-shop work can bear the Consumers' League Label.

The first and foremost thought with Nurses is cleanliness. Naturally, when they are buying Uniforms, the one with the stamp of cleanliness will be their first choice.

La Mode uniforms for Nurses bear the Consumers' League Label. They are made in bright, sunlight factories, where pure air and "human kindness" are a part of the outfit. Every La Mode Uniform is personally inspected and pronounced "perfect" before leaving the workrooms.

La Mode Uniforms are made in a variety of styles and materials and are the constant choice of Nurses everywhere.

SITUATIONS WANTED

Position Wanted—By Graduate of Toronto General Hospital, position in hospital in Western Canada, preferably in British Columbia. Credentials on request. (Day Duty.) Address N. E. H., care of Canadian Nurse.

Position Wanted—By Graduate of a Queen Victoria Hospital. Position in hospital in Saskatchewan or Manitoba preferred. XYZ, c.o. Canadian Nurse.

NURSING BOOKS

Technical Books—If there is any book on nursing you want, write us and we will try to get it for you. The Canadian Nurse, Toronto.

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone Columbus 7780-7781.

TELL YOUR FRIENDS ABOUT

"The Canadian Nurse"

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, JUNE, 1915. No. 6

NURSING IN NEWFOUNDLAND.

By M. Southcott, Superintendent of Nurses, General Hospital, St. John's, Nfld.

When I was asked to write a History of Nursing in Newfoundland I thought that its history had yet to be made, but on second consideration, looking back over the last fifteen or sixteen years, comparing conditions then and now, it seemed to me that there had been much progress, and as the history of beginnings is always interesting, I thought it might be useful to have some record of the first steps in establishing trained nursing, while facts are still fresh in mind, for when the actors have passed away it is hard to obtain authentic data.

In 1895, for the first time, a trained nurse, Miss Collins, from University College Hospital, London, was appointed Matron of the General Hospital, St. John's. She was succeeded in 1898 by Miss Rendell, a graduate of the Johns Hopkins Hospital. Miss Rendell was a Newfoundlander and the first Newfoundlander to be admitted to the ranks of trained nurses. She was succeeded by Miss Campbell, now Mrs. Duff. In 1902 two trained nurses, both Newfoundlanders, were appointed, Miss Southcott, of the London Hospital, England, as Nursing Superintendent, and Miss Hannaford, of the St. Vincent Hospital, New York, as Matron, and a training school was organized. An entirely new order of things had to be established, and it was uphill work at first, but the difficulties met were successfully grappled with and overcome, and within a year the training school was running fairly smoothly, and at the end of three and a half years the General Hospital presented its certificate to its first four nurses. We hoped to have had the help of these for our future work, but the hospital board was not prepared to give any increase in salary beyond what they had been receiving as probationers, and most of the nurses, as they graduated, left to take positions elsewhere. While we regretted their loss, we felt they had their way to make in the world and could not find fault with them for doing so. Later on, when a new wing was added to the hospital, the salaries were put on a better basis and more encouragement given to graduates to remain. The number of nurses has increased from twelve to forty, and we hope to have some other wards

opened which will make it necessary to have a still further addition to our staff. Our graduates are now working in the United States and Canada and doing credit to their training school.

In 1911 the Association for the Prevention of Tuberculosis obtained permission to erect some tents in the grounds of the General Hospital for the use of working men with incipient tubercular disease, who would go there to sleep at night and go about their usual work in the day. The men, however, only stayed a few days; they got tired of camp life and went back to their homes. Some women patients were then persuaded to undergo the fresh air treatment, and this was more successful. They lived in the tents by day as well as night, and were quite happy and contented until the bad weather came. Then, one morning, the rain came down in torrents, a gale blew, and the water got into their tents, and the nurse came with mackintosh and umbrella, which she could hardly hold for the wind, and put them into a cab and took them to their homes. The next year some wooden sheds were put up a short distance from town, but the farmers near objected and they had to be removed. Another place was found further on in the same locality and three sheds were erected by the Daughters of the Empire, and filled with tuberculous patients. These sheds have been improved and added to every year, until now they accommodate sixteen patients.

The Association for the Prevention of Tuberculosis was organized in 1909, with Mr. John Harvey as secretary, and a nurse, Miss Anderson, was employed and an attempt made to educate the people in health matters. She visited not only in St. John's, but traveled all over the island, instructing the people in the different settlements, trying to teach the doctrine of open windows and fresh air. Where fresh air means cold air for so many months of the year, and is often below zero with a piercing wind, we can easily imagine that it was not an easy doctrine to instil.

In 1901 two nurses were employed, one for work in St. John's, and the other in the outports. Their instructions were to pay more attention to prevention than to the actual nursing, and to try to improve the condition of the homes of the people and teach them something about choosing and serving food. They tried to interest doctors, clergy, and prominent people in each outport in the work. Lectures were given to the school children and to the teachers and every means tried to arouse interest in the subject. The majority of the people in these early days knew nothing about tuberculosis, nothing about its infectious character. The healthy child slept in the same bed with a mother or sister in an advanced stage of consumption. When one of a family got the disease the whole family went one by one. These nurses were not received with open arms, neither were people ready

to report cases of tuberculosis, but they have won their way to appreciation, and, thanks to their teaching, tuberculosis is now understood to be something against which precautions can and must be taken.

The nurse working in St. John's, whatever unpleasant things she might have to face during the day, could go back at night to her comfortable home and enjoy her well-earned rest, but the nurse traveling in the outports had to live and eat and sleep where she could, and the conditions were not always what she would choose. In some of the outports the accommodation, the best that can be afforded, is poor. She must be a good sailor, too, for the Newfoundland coast is rough and often she had to travel in bad weather from place to place in an open boat.

In 1912 another step was taken and the work was taken over by the Government of Newfoundland. An offer of a sanatorium was made by Mr. W. D. Reid and accepted, the foundation stone was laid in July of 1914, and Miss Campbell, a graduate of the General Hospital, was sent to Edinburgh to study tuberculosis work at the dispensary of Dr. Phillips. A medical man was appointed to take charge of the work which was then organized on the same lines as Dr. Phillips'. There are now five district nurses employed, and the open air camp accommodates sixteen patients. It was open the first year in the summer only. The following year Miss Hubley, a graduate of the General Hospital, was in charge of the camp and spent the first winter there. It was strenuous work, as pioneer work generally is. It was difficult to get help and she sometimes had to begin her morning's work by shoveling the snow that had fallen during the night and lay white and cold between her and her patients.

Before the year 1901 there were no private nurses in Newfoundland, and very little encouragement was given to those who were anxious to do private work. But the public in time came to recognize their worth, and their own need, and now everyone who can likes to have a "trained nurse."

There is a large field for district work. The question of procuring district nurses has from time to time been discussed, but the problem of ways and means has not yet been solved. In the outports, where there is often no doctor within many miles, a district nurse would be a boon indeed. The Methodist congregation a few years ago employed one for their sick poor in the city, but for a short time only.

Trained nurses have for some years, since 1892, been employed by Dr. Grenfell in Labrador and the far north of Newfoundland. Miss Carwardine, of the London Hospital, and Miss Williams were the first nurses to go there. Many American nurses now go for the

summer months and give their services free. There is a large population consisting of men, women, and girls who go there for the fishery and return in the autumn to their homes in other parts of the island. Miss Bailey has been several years at Forteau and spent the winter of 1913 there alone, being doctor, nurse, dentist, and universal provider for all the men, women, and children within one hundred miles. To her belongs the credit of the making of the only road Forteau has. During the winter, which begins in November and ends in April or May, there is no means of communicating with the outside world; the harbors are packed with ice and the only conveyance is by dogs and komatik.

In 1906 a hospital for infectious diseases was opened in the grounds of the General Hospital, and Miss Duncan, a graduate of Meath Hospital, Dublin, was appointed Matron. Only graduates are employed, and nurses from the General Hospital very often go there to get experience in fever nursing when they have finished their general training.

As only abnormal maternity cases are taken at the General, and most of the private work in the town is maternity work, the lack of opportunity for training in that branch is keenly felt. Arrangements were made for a time with the Salvation Army Maternity Home, by which nurses could attend cases there under the supervision of a trained midwife certified by the Central Midwives' Board, London. But the Home was just outside the city limits, west, and the Hospital was just outside the city limits, east, and it was difficult sometimes to arrange for a nurse to go just when the call came, and the arrangement fell through, but not before several nurses had received a very good training in that branch of work. Several went to England and qualified as midwives there, and some went to Canada and took a course with the Victorian Order.

In 1913 a Nurses' Association was formed, including not only the nurses working in St. John's, but also those in other parts of the island. Its membership is steadily increasing, and a registry for private nurses has been opened which registers only those guaranteed by the Association. This is a great convenience to both doctors and nurses.

I must not finish this sketch without a few words about Miss Cowan, the Matron, who, for thirty-five years before the advent of the trained nurse, from the age of eighteen till her death, mothered and nursed the sick poor in the General Hospital. She held no training school certificate; there were no training schools at the time she began her work, about the same time that Miss Nightingale returned from the Crimea and set about organizing the training school at St. Thomas' Hospital. When a knowledge of asepsis made abdominal operations possible, hers was the privilege of nursing the first patients operated on in Newfoundland. It was a strange coincidence that twenty-five years

after the two first patients then operated on should lie side by side again in Cowan Ward. In this ward, named after her, Miss Cowan's picture hangs on the wall. Her name has not been allowed to drop into oblivion, for the Cowan Mission, founded in her memory, still helps to carry on her good work. The members of that Mission have built a Convalescent Home in the Hospital grounds, where patients can spend a few weeks after they have been discharged from the hospital before going back to their work or their families. The entertainment provided by them at Christmas for the patients in the hospital is the great event of the year.

Miss Cowan's work was done for two years after her death by her assistant, Miss Morgan, who has filled in turn every position in the hospital, and is now in charge of the work of the linen room.

ST. JOSEPH'S HOSPITAL, PORT ARTHUR, ONT.

St. Joseph's Hospital, Port Arthur, is among the pioneer hospitals of our country. It was founded in 1881. At this period the flourishing city of beautiful homes was a small, desolate seaport town, in winter time cut off from all communication with the East. The old-timers tell us these were very long, cold winters, and welcome indeed was spring and the first boat. Even to-day we rejoice at its coming. Thirty years ago what a God-send it was, often bringing supplies of which citizens were sorely in need.

One bright summer day, as the people gathered at the dock, imagine their surprise when they saw five black-robed Sisters disembark. A new era had indeed opened. This meant the dear, good nuns to teach the children the various branches taken up in convents. But the Sisters were not long left to their teaching, for in a few months they were asked by the town authorities if they could not help to make some provision for the care of the sick. True to the records of the past where Sisters of Charity were the only ones to care for the sick, these Sisters offered a room in the small convent for a hospital ward, and their offer was accepted. Soon a site was procured and the beginning of the present building was started in 1884, and by the end of that year the first seventeen patients were moved into St. Joseph's Hospital.

This was a very happy time, when the citizens rejoiced in the first hospital at the head of the Great Lakes. It was seventeen years later before a hospital was started at Fort William. The doctors were two in number at this time and both are now gone to the last, long rest. Dr. "Jack" McDonald, as he was always called, was a well

known character of early days, and Dr. J. G. Beck came as a young C.P.R. surgeon, and was for many years the chief surgeon at St. Joseph's Hospital.

This first building was a two-storey one. The second floor had two wards. The first floor had one ward, a private room, an office and dispensary combined, and a small operating room. The basement was made up of a kitchen, laundry and dining room. The Sisters slept at the convent, which has always been beside the hospital. The first Mother Superior was Mother De Pazzi, of St. Joseph's Community, Toronto, only lately deceased, and who was in later years a well known figure around St. Michael's Hospital, especially at the bedside of the dying, where she seemed to carry so much comfort to many poor souls about to set out on their last long journey. Her assistant was Sister Monica, who has been for many years and is now the well known Superior of St. Joseph's Hospital, Port Arthur. Many and interesting are the stories of these pioneer days, when wood stoves and coal oil lamps were still in use, and messages were sent by a messenger instead of by telephone.

But time and changes glided on, and in 1889 an addition was built providing a new operating room, which is still in use; also an X-ray room, more private rooms and wards. The Sisters worked very hard, sometimes getting a graduate nurse from outside if there was one in town. In 1901 the first graduate nurse took charge of the operating room, Miss Wilkinson, a graduate of St. Michael's Hospital, Toronto, who, two years later, was succeeded by Miss M. T. Rowan, also a graduate of St. Michael's, Toronto.

In 1904 a second addition was built, giving accommodation for eighty patients. This gives us the building as it was up to 1914, when a large wing, with 100 ft. frontage, running back 125 ft., was built and will be completed during the present summer. This is a four-storey building with an operating suite making a partial fifth story. When finished, this new wing will be the very last word in hospital improvement, and will be known as the wing built the year of the big European war, a date well impressed on the minds of all Canadians.

In 1904 the Training School for Nurses was started and was subject to the usual difficulties. The work was very hard for the first probationers and nurses, but after a few years the usual smooth-running state of affairs was established. At first a two and a half years' course was given, but was soon changed to the standard three years' course, which includes medical, surgical, gynecological, obstetrical, and contagious diseases, the latter to a limited extent. I trust this little history may prove of interest to some of the readers of The Canadian Nurse.

EXAMINATION PAPERS, 1915.

The following papers are those set for the 1915 class of the Toronto General Hospital Training School for Nurses. This class took the course in Medical Social Service at the University. They attended one lecture a week from October until May and wrote on the final examination, a copy of which appears in this list of papers.

Medicine.

1. Define—Anaemia, Pyrexia, Pain, Disease, Infection, Inflammation, Symptom, Coma, Embolism, Toxaemia, Bacteriaemia, and Fever.
2. Discuss Typhoid Fever under the following headings: Cause, Symptoms, Diagnosis, Pathology, Prognosis, Complication and Prophylactic treatment.
3. What is Oedema? How is it caused? What is the difference between Cardiac and Nephritis Oedema?
4. Why is the left ventricle Hypertrophied in chromic interstitial Nephritis?
5. What are the chief causes of unconsciousness?
6. What is Dyspnoea? In what diseases does it occur?
7. In what conditions are you likely to have retention of urine? What is suppression of urine? What causes it?
8. In what diseases do symptoms of "Indigestion" occur? How would you distinguish them?
9. When should a Lumbar puncture be done?

Surgery.

1. Classify fractures. Mention the materials used and the details in padding a long splint.
2. Describe all the apparatus used in giving an interstitial saline solution and the method of sterilizing the same.
3. What symptoms would be present in a severe case of internal haemorrhage? Give treatment.
4. Define the following terms: Cold Abscess, Gangrene, Rigor, Haematemesis, Pyaemia, Hernia and Pneumothorax.
5. What means are taken to prevent the formation of bed-sores? Give treatment if such a complication should arise.

Obstetrics.

1. Give fully the formation and function of the Placenta?
2. Give in detail what general care is needed during Pregnancy?
3. (a) What complications are to be watched for during Pregnancy and their causes?
   (b) Give the cause, symptoms and treatment of Eclampsia.

4. (a) What preparation and care does a patient need from the beginning to end of labor?
   (b) Prepare a room for a case in a private house.
   (c) How would you conduct the case above if the doctor did not arrive?
5. (a) What are the causes of Subinvolution of the Uterus?
   (b) What may cause an elevation of temperature during the Puerperium?
6. (a) Why is it necessary to watch a new baby closely for at least 24 hours?
   (b) Name the disorders of the first weeks of life?
   (c) What would you do for—
   Haemorrhage from the cord.
   Baby turning blue, apparently not breathing.
   At what temperature would you give a resuscitation bath?

Children's Diseases.

1. Write explanatory notes on: Mixed feeding; Artificial feeding; Certified milk; Pasteurized milk; Proprietary foods.
2. Write out directions for the care of all utensils and materials used in preparing a simple milk mixture.
3. Give in same order the things you would do in nursing a case of Broncho-pneumonia in a child.
4. State briefly in what manner the following diseases are of particular significance in children: (1) Rheumatis; (2) Adenoids.

Practical Nursing.

1. Describe the preparation of a room in a private house for an exploratory abdominal operation, when the surgeon brings instruments and dressings.
2. (a) Describe nature causes and means of prevention and treatment of bed-sores.
   (b) Define—Hiccough, Dicrotic pulse, the expression "Compensation" and "Failure of Compensation" in reference to the heart, Oliguria, Aphasia.
3. (a) Give the nursing care of Pneumonia, Typhoid, Cerebro-spinal Meningitis.
   (b) What are the important symptoms in each disease and what complications might arise from these symptoms?
4. Outline the qualifications necessary for a nurse under the following headings: (1) Physical; (2) Mental; (3) Moral.
5. (a) Give in detail the nursing care of a patient with Scarlet Fever from the invasion of the disease to convalescence in a private home where strict economy has to be observed.

(b) Describe the disinfection of a room 2,000 cubic feet of air space after a case of Diphtheria, when the room contains bedside furniture and bedding, books, dishes, clothing, food, garbage and lavatory plumbing.

6. (a) What are the symptoms of and what should be done for Angina Pectoris?

(b) What treatment would you give in the following emergencies when you are unable to get medical aid for two hours:

1. A compound fracture.
2. A patient who has had a Post-Partum haemorrhage.
3. A person who has had an overdose of Strychnine.

Note.—Five questions only to be answered.

Department of Social Service.

(University of Toronto.)

1. (a) A boy fourteen years of age charged with theft is brought before the judge of a Juvenile Court. He has been found on three previous occasions guilty of stealing. Would you suspect mental abnormality in this case? Give reasons for answer.

(b) If sent to investigate such a case, what data would you consider important in home conditions, personal history (school history, habits, etc.), physical condition and family history?

(c) Distinguish between backwardness, feeble-mindedness and insanity.

2. (a) Compare ordinary prison methods with industrial work in the treatment of delinquents.

(b) Describe briefly the work as carried on in some one industrial school or farm.

3. (a) What are the chief functions of Medical School Inspection? What benefit can be expected from an efficient system?

(b) How can the infant mortality of a city be reduced by the Municipal Board of Health?

4. Discuss the work and value of tuberculosis clinics and visiting nurses in controlling and preventing Consumption in a city.

5. Show the need of controlling the expenditure of civic funds for charitable purposes and describe how this can be accomplished by a Social Service Commission.

6. In what ways can the Social Service Department of a Hospital be of value to the institution and the community at large?

7. What factors enter into trade diseases? Discuss this from: (1) Standpoint of employer; (2) Standpoint of patient.

Note.—Five questions only to be answered.

THE NURSING OF NERVOUS PATIENTS.

By Gladys Tatham.

This class of case needs more careful and more intelligent nursing than any other. Along with the nervous disease various bodily ailments are usually found. It is rare, indeed, that we find an unsound instable nervous system functioning in a strong and healthy body—the contrary also holds good. The physical and the psychical act and react upon one another.

The nurse called upon to tend a nerve case must possess a stock of sound common sense, fortified by knowledge. She must be adaptable to the varying moods of her patient; sympathizing with the sufferer, but never coddling his whims. We all know the emotional, gushing, "pillow smoothing" woman, but fortunately it is rare, indeed, to encounter her in the ranks of professional nursing! Sympathy must be real and sincere, but whilst sympathetically comprehending the troubles of a patient, the nurse should encourage him to ignore them. She must be a living embodiment of normal, healthy thought, and sufficiently endowed with nervous force to strengthen and raise up her feeble patient.

Women with plenty of intuition, patience, resource, and intellect make the best nurses for nerve cases. A liberal outlook upon life and a broad education are also valuable assets.

If it is thought that these attributes are an unnecessarily high standard to impose, let it be also remembered that "nervous" cases yield us many of our most interesting and most satisfying cures. Nerve work is also usually well paid. Perhaps because of the stress and strain of the struggle for existence—perhaps as a result of the greater self-indulgence and luxury of our artificial civilization—nervous diseases are on the increase. Whatever the cause, we are frequently called upon to minister to the victims. Bacteriology has thrown much light upon the connection existing between a toxic condition of the blood and various abnormal states of the nervous system. Indeed, some psychologists affirm that insanity is due to toxins in the brain.

When a patient is suffering from some form of "nerves" due to toxaemia, the nurse must be able and prepared to carry out such physical treatment as may be ordered by the doctor. Continuous irrigation of the colon with normal saline, injection (hypodermic) of autogenous vaccines, etc., may be prescribed.

Psycho-therapy, or treatment by hypnotic suggestion, is being very extensively practised to-day, not alone for obviously nervous ailments, *e.g.*, obsessions, but for functional disorders of the body, such as dysmenorrhoea.

It is many years now since hypnotism was first practised in Eng-

land by a medical man. Dr. James Braid, in 1843, was probably the first physician to try and place psycho-therapy on a scientific basis in this country. The growth of this means of treatment has been chequered but at last it is, so to speak, coming into its own. The writer feels it is no idle dream to anticipate the day when the psychical treatment of psychical disorders will form part of the routine teaching for doctors and nurses in our medical schools.

Insomnia can be safely and successfully treated without injurious and depressing drugs by means of suggestion.

Neurasthenic aches and pains, with their accompanying enfeeblement of the body, can be banished.

Dysmenorrhoea and other disturbances of menstruation, when functional, can be cured by psycho-therapy.

Constipation and diarrhoea may alike be relieved.

Perverse and unnatural habits can be eradicated.

It will be seen from the above brief examples that hypnotic suggestion may play a very large part in the treatment and nursing of nerve cases. So, to the nurse who wishes to be up-to-date, at least an elementary acquaintance with the subject is necessary.

To understand the action of psycho-therapy, it may be helpful to try and picture "the mind" as consisting of at least two parts—the conscious, or superficial mind, and the sub-conscious, or "deep layer." One cannot, of course, describe psychical, subtle intangible things in the material phraseology of the animal world. But the above terms may be allowed when it is realized that they are figurative.

The conscious mind is concerned more or less with the immediate present; "it" hears the conversation or the music in the room. The sub-conscious mind is a veritable storehouse of memories—nothing registered, even unconsciously, is ever lost—from our earliest days impressions are stored up in the sub-consciousness. It may be that even certain ancestral memories are retained and transmitted for generations. In India, for example, the children of a carpenter become carpenters and hand on the profession in their turn. The office of midwife runs for generations in families. In such cases it seems not unreasonable to suppose that a specially inherited skill is acquired and transmitted as a sub-conscious memory.

We visualize the sub-consciousness then as an immense storehouse which feeds the limited "retail department" of the consciousness. It has been proved by many experiments that the sub-conscious mind is receptive to suggestion from without, and it is this suggestibility on which the psycho-therapist relies for cure. The doctor, or nurse acting under his orders, places the patient in a comfortable position, preferably reclining, in a quiet and not too light room. The patient is requested to close his eyes and concentrate on some restful subject, or

on something monotonous, *e.g.*, his own respiration. He then is asked to open the eyes and fixedly regard a lens or other bright object, until the eyes weary and close. In the meantime the operator makes soothing suggestions and suggests drowsiness and sleep. When the patient is sufficiently tranquil and detached, curative suggestions are made. After this the patient is told that at a given signal he will open the eyes and feel quite awake and normal. This proceeding is successful in most cases, but, in some, patience and repeated efforts may be necessary before a distinct effect is produced.

So much for the psychical treatment of nerve cases. Physical measures include dieting, exercise, fresh air, massage and electricity and certain drugs.

Nerve cases seldom have good appetites and the nurse who can concoct and set before her patient dainty meals is worth her weight in gold!

It is a fatal mistake to try and laugh a nerve patient out of his obsessions; ridicule is not only cruel, but it will have the effect of making the patient "curl into his shell" and concentrate on his own morbid feelings. A sympathetic understanding and a frank recognition that the sufferings are "real" to the patient will go far to win his confidence. On the other hand, constant references to signs and symptoms must be rigorously avoided, and the attention of the patient diverted to some normal channel.

Unending patience and a constant struggle against the morbid fancies of the patient are indispensable.—*Nurses' Own Magazine.*

THE NURSE IN THE COMMERCIAL WORLD.

Louella Ashton Warren.

What has the commercial world to offer the trained nurse? Many avenues are open, some of which have been traveled, others are in a constructive state—yet others are only staked out. Why not be a worker, select and develop your own!

Only a short time ago "welfare nursing" was in its infancy, an untried but plausible scheme. To-day we know it to be feasible and, more, a necessity. The right thinking heads of big industries have come to believe that much of their success depends upon the working ability of the large force employed. Happiness and health are conducive to big results. It is the duty of the welfare nurse to maintain this atmosphere by practising preventive medicine under the guidance of the physician-in-charge and by proving herself to be a friendly counsellor and adviser. First-class nurses receive from twenty-one to

thirty-five dollars a week in this position, the latter salary being given when increased responsibility, efficiency and length of service guarantee it.

Many of our leading drug stores have trained nurses in their hospital sections. On entering their employ they are coached for some weeks in the wholesale department to familiarize them with the stock—qualities, styles and prices. The applicability they are supposed to know before they enter. At the end of the coaching period they are assigned a station where they are held responsible for keeping up their stock as well as for their ability to handle the public. Regular hours and twelve to fifteen dollars a week is the starting point here. Increased salary comes to the conscientious worker.

A thorough knowledge of anatomy is the entrance fee to the corset field, making one competent to scientifically direct the fitting of surgical corsets, belts and, if need be, trusses. Many of our foremost surgeons order corsets for operative cases to be worn immediately the "sitting-up" stage is reached, to insure proper support and permanent results. Floating kidneys and hernias are wonderfully helped and controlled in cases where symptoms are not sufficiently aggravated to warrant operation, or where it is inadvisable, as in diabetic cases. Weak backs are comforted.

The corsets are designed or adjusted to give correct pressure at a given point, or to lift up and hold in place a misplaced organ, without binding or restricting the action of the diaphragm. These cases usually report to the physician-in-charge of their case for a "finished fitting." Having a nurse of recognized ability in attendance would relieve the surgeon of this final survey and would add a little to the leisure he craves. For the nurse who has an excellent working knowledge of anatomy and who will conscientiously learn corset construction, there is an almost unlimited field of action. Such a treasure is eagerly sought and an excellent salary given.

At present I am associated with a department for invalids, having a maternity and nursery division. The scheme in the invalid section is to carry small articles not easily found, tray fittings especially designed for utility and size, baskets and chinaware designed for fruit and flowers, with a gift and amusement end, the latter to be developed, carrying games and puzzles for one and two people, and nurse and patient. We locate special articles desired—bandages, garments or supplies—or will make to order anything for a special case with a peculiar need, following instructions given. The nursery section carries all nursery supplies.

The maternity section appeals to prospective mothers, many of whom do not know one garment from another. Many have heard "Gertrude" spoken of in connection with a baby, but whether it is a

favorite first name, a kind of sleeping-basket or a feeding-case, is more than they know. When so much has been done, and is being done to educate the laity in the care and feeding of children, the wilful ignorance of many mothers is to be regretted. Many educated and uneducated mothers are eager to learn of "babyland," many others are absolutely indifferent, as was one mother who asked for a black nipple. When asked what kind, she said, "I don't know. Give me anything so long as it is black." She was too careless and indifferent to know that it is with difficulty that a baby is changed from one make of nipple to another. A baby often refuses to eat from that one cause alone. One is led to believe that her baby had a greater sense of color than of style.

We assist in the selection of layettes, quality, quantity and style. Recently a woman came with two dollars to select an entire layette. As a general thing paper money is not very elastic, but before we got through we had stretched it to enormous proportions, judging results.

A nurse's cap leaves one open to medical questions of all sorts, in fact, the right definition of nurse's cap is information bureau. Brush up as you will you will be caught napping. You will secretly wonder what Diana Kimber has done with her muscular lore, or what Griffith or Holt has to say on a certain point. What questions come to us? These are some which have come to me, showing the necessity for tact and care in giving advice desired.

My baby is two years old. It has never tried to creep or walk and is very backward. Do you suppose it is mentally sound?

How many teeth should a baby have at a year?

What is the best way to prevent thumb-sucking?

My baby cries all the time when anyone is near. What shall I do to break him?

How shall I train a child to go to bed without a light in the room?

My baby is six months old. I don't want to nurse it any longer. Would you give it barley water, Mellin's Food, or oatmeal?

Are baby-walkers injurious?

What do you think about teething rings?

How shall I keep my baby under the bedclothes?

My baby slides down under the tray of the high chair. How can I prevent it?

I have a relative who has had a shock: as a result the left arm is stiff and seems to be growing down to the side. How can her clothes be made so we can dress her more easily?

We are asked to select obstetrical nurses, hospitals and medical men by new residents who have been helped by us in other ways and whose knowledge of Boston's medical resources is nil.

The trained nurse comes to the commercial world well equipped with a knowledge of human nature, which is a great asset. She will

accept just criticism gracefully, knowing that if followed it means development. She is usually resourceful, keen and alert. Wideawake to the interest of her employers as well as to her own, never forgetting that one can adorn one's profession and business by giving of their best, or can disgrace them by lack of dignity or lowered ideals.

A Massachusetts General Nurse said to me recently: "The field for the trained nurse is so much larger now than it has been. It seems to be broadening, stretching towards the horizon. I wonder where it will end." I wonder!—*The Boston City Hospital Nurses' Alumnae Quarterly.*

NEW BRUNSWICK GRADUATE NURSES' ASSOCIATION

The annual meeting of the New Brunswick Graduate Nurses' Association was held at the home of Mrs. Armstrong, 11 Orange St., St. John, on Monday evening, April 12th. After the usual business was concluded the annual reports were read.

The election of officers for the ensuing year resulted as follows:

President, Miss E. P. Hegan; 1st Vice-President, Miss Horseman; 2nd Vice-President, Mrs. D. C. Malcolm; Recording Secretary, Miss M. Murdoch; Corresponding Secretary, Miss A. A. Burns; Treasurer, Miss E. J. Mitchell. Executive Committee—Mrs. W. O. Dunham, Mrs. Armstrong, Miss Retallick.

A letter was read from Miss Walker, secretary of the Red Cross Society, thanking the nurses for their gift of Two Hundred Dollars.

A letter of thanks has since been received from Dr. Murray MacLaren, to whom the same amount ($200.00) had been sent to use where he considered it was most needed.

A large number of our members have gone to the Front.

SASKATCHEWAN GRADUATE NURSES' ASSOCIATION

The third annual meeting of the Saskatchewan Graduate Nurses' Association was held in the Y.W.C.A. clubrooms, Regina, April 5th, 1915.

Miss Bateman, delegate from Saskatoon, and Miss Wilson, from Moose Jaw, were the only representatives from other parts of the province.

After reading of reports, at the beginning of the afternoon session, the Registration Bill was read and was discussed at some length. More interest than heretofore was shown in this bill, due to the fact that it is now in the hands of the Hon. J. A. Calder, Cabinet Minister, and is to be brought up at the next session of the Provincial Legislature.

At the close of this session refreshments were served, and after a motor drive around the city the General Hospital was visited.

The evening session opened at 8 p.m. An excellent paper was given by Dr. Bow, Medical Health Officer, Regina, on "Communicable Diseases."

The Registration Bill was again read and discussed. A communication from Miss Gunn, secretary of The Canadian National Association of Trained Nurses, regarding the choosing of nurses by the Militia Department was read and discussed.

The following resolution was moved and adopted:

"This Association places itself on record as strongly disapproving of the method adopted by the Militia Department in choosing nurses to send to the front. It also takes strong exception to the incorrect statement made by Major Jacques in regard to The Canadian National Association being only one of many such nurses' associations existing in Canada. It is the opinion of this Association that it would be advisable to give publicity to this matter in The Canadian Nurse only."

At the close of the evening session officers for the ensuing year were elected:

Hon. President, Mrs. W. A. Thomson, Regina; President, Mrs. J. A. Westman, Regina; 1st Vice-President, Miss Phillips, Saskatoon; 2nd Vice-President, Miss Lumb, Prince Albert; Secretary, Mrs. VanValkenburg, Regina. Council: Miss Brown, Regina; Miss Sissman, Saskatoon; Miss Gallagher, Moose Jaw; Miss Walker, Yorkton; Miss Hicks, Weyburn.

The following report was read by the President, Mrs. J. A. Westman, Regina:

Our meetings throughout the year have been well attended. A special meeting was called in September to arrange some definite work to be done during the European war for the relief of needy families. It was decided to meet every Tuesday evening to sew for these families. This has been done and a very considerable amount of sewing has been accomplished.

Ten mothers and forty-seven children were completely outfitted for winter, besides grey flannel shirts, bloomers, underwear and dresses made and sent to Alexandra School, to be used for school children who were poorly clad. Seven pairs of shoes were bought for these children, $86.05 was collected and $83.05 expended in connection with the work. One family of seven children, the baby a few days old, was supplied with food for five weeks until the mother was able to resume her work. Another family with five children was supplied for three weeks, then taken over by the Patriotic Fund. Another family, not particularly needing food, was given a generous

supply of soap, both laundry and toilet, before being given their supply of clothing, and, judging by appearances later, it was money well spent.

At Christmas two families were given each a barrel of necessities, also a few luxuries.

Twenty pounds of butter were donated to the poor children's dinner in the market building in Christmas week.

The sewing meetings will be continued for some time yet. Just here I wish to thank the nurses for the loyal way in which they have assisted with this work. I know many times it meant a sacrifice. I think we all feel it has been worth while.

THE NURSE'S PART

Rising at six in the morning,
  Leaving tasks in dim dreamland undone,
Breakfasting on light or soft diet,
  Very thankful to get either one.
As the town clock is pealing out seven,
  In unison repeat the "Lord's Prayer";
Then each to her post like a soldier,
  To fight out her day's busy tear.

With a smile greeting every patient,
  As sweet as the sun-kissed dew,
Though feeling perhaps like a storm cloud,
  Her feelings must never show through.
Listening to all the discomforts
  Her various patients relate,
Rushing in every direction,
  Far beyond the speed limit in gait.

Striving vainly all things to make spotless,
  Ere the hours of the morning disperse,
When forth comes an army of doctors,
  Each expecting he should be served first.
For their time is so fearfully precious,
  There's danger and death in delay,
And sometimes a trip to the office,
  To neglect them it never does pay.

Each one's presence so very essential
  Some place to some type of mankind.
Oh! why is that nurse so long coming?
  She surely don't keep this in mind.
For doctors at once may be twenty,

And nurses on duty but two.
Admitting physicians are clever,
There are some things they never see through.

Trying hard all bells promptly to answer,
Despite the fact, hears a voice say,
"At the rate they are charging us weekly,
I don't think I should ring here all day."
The hours of the morning are waning,
She views her work as well done,
When in comes the Superintendent,
A highly respected, but much dreaded one.

She scans every recess and crevice,
And away in a corner's deep gloom
Some dust for refuge has gathered,
Away from the brush and the broom.
But the all-seeing eyes of our lady
Quickly brings it to light.
She remarks "how exceedingly disgraceful
So much dirt here in plain open sight."

And some dust has mounted a door sill,
At such distance in safety to rest.
By the aid of a chair she espies it,
The result is quite easily guessed.
And now the neglected patients
Pour their woes into her listening ears.
The nurse has some things to remember
When the lady supt. disappears.

With tired heart and racked brain endeav'ring
All accused wrongs to redress,
When the telephone rings and her presence
At once in the office "requests."
She goes with every nerve tingling,
And all of her senses alert,
To find that a patient on leaving
Complains he is minus a shirt.

She can't remember! How stupid!
Forgetting both color and style,
And the all important account book
Is brought into play meanwhile,

Revealing that six admissions
Were made on this very day,
And each with a wardrobe of clothing,
As if they were coming to stay.

At last the query is ended,
Replaced is the article lost.
How or what does it matter
Notwithstanding the nurse knows the cost.
She, on wending her way back on duty,
A House Surgeon meets in the hall.
Why don't some guardian angel
Close her eyes so she can't see at all.

But she looks with recognition,
Exchanging a How do you do;
But lo! from the office window
Her ladyship takes a look too.
To her busy, eventful day,
The climax at last has come,
And for an unlimited holiday
Nurse takes the next train home.

Years pass spent in faithful service
To benefit suffering mankind,
The freshness of youth has faded,
Replaced by the traces of time.
But few now wish to employ her;
She is old and termed on the shelf.
The gratitude unmercifully shown
For serving all others but self.

Oh! ye who are maidens and sweethearts,
And you who are somebody's wife,
Deem it but a wild ambition
If you envy a nurse's life.
Ye who sleep in your beds at sweet freedom
Give thanks from the depths of your heart,
That dawn's waking hours do not call you
To eke out the nurse's part.

By Vashti.

Or until death do us part—
The profession and I.

THE SCHOOL NURSE.

An effort is being made to establish communication with all engaged in school nursing in Canada. If **you** have not received a letter it is because we cannot find out your name. Will you not drop a line to the Secretary so we can lay certain matters before you for discussion.

In April the Public Health Nurses and the School Nurses united in giving an afternoon tea at The Brown Betty in honor of Miss Ammerman, who was en route to take charge of the Henry Street Settlement, New York, and Miss Fitzgerald, who has come to Toronto to take charge of the Victorian Order here. Visitors were also entertained from The Social Service Commission, St. Elizabeth Order, National Sanitarium and Metropolitan Insurance Company.

At the end of little John's first week at school he returned home and electrified his mother by his bulging eyes and his excited statement:

"The Doctor took a boy out of our class to-day and croosified him three times and it never took on him. Do you think he'll do it to me, mama?"

The regular monthly meeting of the Canadian Public School Nurses' Association was held Tuesday, May 4, at The Brown Betty Tea Rooms. The Association had as guest for the afternoon Dr. Stowe Gullen, who gave a talk on Parliamentary Procedure—the last of a series of three lectures by Dr. Gullen, which have been much appreciated by all.

A social evening was recently given at the home of Miss Spry when the entire staff of school nurses met to say good-bye to several of the staff who are leaving for the war. Miss Kingstone leaves for three months' voluntary service, the others are enlisted in the regular way. They are Miss F. Galbraith, Miss Glass and Miss Gray.

Miss Long and Miss Davies have been appointed to the permanent staff of school nurses in Toronto.

Editorial

STOP AND CONSIDER

Notwithstanding the many calls upon the nurses and the lull in strictly professional business to facilitate the response to these calls, we must not lose sight of the need for thoughtful consideration of the problems that confront us and for continuous united effort, if we would solve these problems in the best possible way.

This year, when our national meetings are cancelled, gives us a good opportunity for some professional stocktaking. Where do we, as a profession, stand? What ground, if any, has been gained during the past year? What plans should we adopt to overcome the existing evils and to ensure progress, the best progress, in the future?

In considering the first question, the need for better organization must be apparent. The lack of legal status has been keenly felt, and will surely stimulate us to more energetic, united effort to attain the ideals that have hitherto been advocated only by the few. That untrained women have been admitted to the ranks of our Nursing Sisters rouses our indignation. But that is not enough. If we do not seek to make this impossible henceforth, then we neither realize our responsibility to the sick nor to our profession. Registration, State recognition of the nursing profession is the only solution, and nurses must be alive to this need, and work continuously and perseveringly till there is Registration for nurses in every Province in Canada.

It might be rather difficult to estimate what has been gained during the past year. New work and new problems have confronted us because of this terrible war. New questions and new situations have arisen that have called for no little thought and foresight and tact to meet. All these new experiences, through which we have passed, must broaden and deepen and strengthen our professional character and make us better able to formulate plans for the future that will mean progress in the truest sense.

Can we not devote some of the leisure of our rest time to these plans for progress that when the Autumn brings us together again we may be ready to take advantage of the opportunity to press forward.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.
(Incorporated 1908.)

President, Mrs. W. S. Tilley, 157 William Street, Brantford; First Vice-President, Miss Helen N. W. Smith, 559 Concession Street, Mountain, Hamilton; Second Vice-President, Miss Morton, Superintendent Collingwood General Hospital; Recording Secretary, Miss I. F. Pringle, 310 Brunswick Avenue, Toronto; Corresponding Secretary, Miss Jessie Cooper, 30 Brunswick Avenue, Toronto; Treasurer, Miss Julia F. Stewart, 12 Selby Street, Toronto. Directors: Miss Mathieson, Superintendent Riverdale Hospital, Toronto; Mrs. W. E. Struthers, 558 Bathurst Street, Toronto; Miss M. Ewing, 295 Sherbourne Street, Toronto; Miss Jean C. Wardell, R.N., 290½ Dundas Street, Toronto; Miss Jessie M. Robson, 45 Dundonald Street, Toronto; Mrs. Clutterbuck, 148 Grace Street, Toronto; Miss J. G. McNeill, 82 Gloucester Street, Toronto; Miss C. E. De Vellin, 505 Sherbourne Street, Toronto; Miss O'Connor, St. Michael's Hospital, Toronto; Miss E. J. Jamieson, 23 Woodlawn Avenue East, Toronto; Miss Kinder, Hospital for Sick Children, Toronto; Mrs. George Nichol, Cataraqui; Miss Allen; 3 Classic Avenue, Toronto; Miss Agnes Boyd, 59 Avenue Road, Toronto; Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital, Toronto; Mrs. I. P. MacConnell, 514 Brunswick Avenue, Toronto.

Conveners of Standing Committees: Constitution and By-Laws, Miss H. N. W. Smith, Hamilton; Press and Publication, Miss Ewing; Legislation, Mrs. Clutterbuck.

The annual meeting was held in Toronto on May 22nd, in the Lecture Room of the Toronto General Hospital, according to the later decision of the committee.

One session only was arranged, as the nurses everywhere are busy making hospital supplies during their spare time, and just now this work must take precedence.

A full report of the meeting will be published in a later issue.

MEDICAL AND DENTAL INSPECTION IN SCHOOLS.*

I note with pleasure the very gratifying report of work accomplished during the first year by your local branch of the Victorian Order.

In anticipation of even greater results and a broadening of the scope of the work of the Order I am honored in being invited to speak to you on the subject of medical inspection in the public schools. I have been engaged in this work in Toronto for the past four years.

The progress in medical science, due largely to laboratory research and sociological investigation, has brought to light the causative factors of disease and demonstrated that many are preventable. Diseases formerly looked upon as a visitation of Providence are now known (to some) to be almost entirely preventable. The relation of the schools to these achievements of medical science is of great importance. Both the teacher and physician noted the marked variations in the mental capacities of the different pupils, and recognized the importance of the causative factors. To them, therefore, medical inspection of schools owes its existence.

Medical inspection is founded on a recognition of the close connection which exists between the physical and mental condition of the children and the whole process of education. It seeks to secure ultimately for every child, normal or defective, conditions of life compatible with that full and effective development of its organic functions, its special senses, and its mental powers, which constitute a true education.

Twenty years of school medical inspection in America and almost forty years abroad have carried us beyond the question of why such

*Address delivered by Dr. Minns at Annual Meeting of Whitby Branch, Victorian Order of Nurses, February, 1915.

work is needed, and have placed the best and most efficient methods and systems within our reach. Medical inspection of schools has more than justified its existence; it has come to stay, and to have an ever-increasing power of service. The value of medical inspection of schools is shown by the fact that the Department of Education for this Province has drafted regulations governing the work, though as yet making the introduction of a system optional with the School Board. Let us hope that this is only paving the way for the day when it will be compulsory for every School Board to make adequate provision for carrying on this work.

Clear distinction must be made between inspection solely for the detection of communicable disease and that physical examination which aims to discover defects, diseases, and physical condition. The one relates primarily to the immediate protection of the community, while the other looks to securing and maintaining the health and vitality of the individual.

Let me point out here that all phases of the work are under the direct control of the Board of Education. The organization is simple and direct. Through the teacher, nurse, medical inspector, and family physician we never lose touch with the child until it leaves school. During that time we teach the child the laws of health, train it in practical hygiene, and right habits of life so that it leaves school with a sane, practical knowledge of how to care for its body, and of the importance to itself, as to others, of the control of disease and a clean life. We hold the teacher, the nurse and the medical inspector equally responsible for so far as that responsibility can fall upon them for the child's condition and its development.

To correctly diagnose a defect or disease is the first step of medical inspection; to recommend treatment is the next; and third, and most important, to have the defects corrected. Diagnosis and medical judgment can be obtained only from physicians. In many cities where physicians only were employed, innumerable defects were recorded, but only a small percentage received treatment. This was due to indifference or ignorance on the part of parents, who did not realize the importance of the recommendations, and to the inability of the physician to spare time to personally explain to them the dangers of certain diseases. It was evident that some connecting link was necessary between the doctor and the parents, the school and the home. The school nurse has filled this gap. Nurses are needed for the "follow up work," to urge the treatment of the defects. Conflicts and misunderstanding between the physician, school and the home have been replaced by confidence.

To quote, briefly, from the Regulations of the Department of Education for this Province the duties of a school nurse are:

1. (a) To examine each child as soon as practicable after admission to school.

(b) The examination shall consist of an inspection of the scalp, skin of the face, neck, and hands; the mouth, throat and teeth; the joints and spine; and simple tests for sight and hearing. The pulse and temperature shall be observed, if necessary, and the presence or absence of vaccination scars recorded.

2. On completing the inspection, the school nurse shall, when she deems it necessary, notify the parent or guardian, through the Principal, of the physical condition of his child or ward, and it shall be the duty of the parent or guardian to have the case duly attended to.

3. In case of emergency, the school nurse may render first aid, bandage wounds, and apply antiseptic dressings to cuts, burns and bruises, but shall not give or prescribe medicines or other treatment.

4. The school nurse shall visit the pupils' homes, and confer with their parents or guardians.

5. The school nurse shall keep a written record of all her work.

Experience has proved that medical inspection fails to produce results without the trained nurse. The nurse becomes the instructor of the pupils and parents and teachers in the principles and practice of sane hygiene. She becomes the link connecting the home with the school. Nurses are especially helpful in reducing the number of exclusions for minor contagious skin diseases and infected heads. Those that are excluded she follows to their homes at once, and sees that treatment is begun. She has been a great help to the teachers in guarding the school from such epidemic diseases as diphtheria, scarlet fever, measles, chickenpox, mumps and whooping-cough. Many cases are first discovered by her visit to the home, and brought under proper supervision. Many mothers have expressed to me their deep appreciation of the assistance the nurse is to them in teaching their children habits of cleanliness, daily brushing of the teeth, and neatness in the care of their person. Many a mother, too, has reason to bless the school nurse as an angel of mercy, who has sought out a stricken home, comforted and relieved the sick children and overtired mother, advised, directed and brought order out of untidiness, uncleanliness, discouragement and distress. The school nurse has interested herself in the home, brought food and fuel, boots and clothes, and made it possible for the children to get back to school.

(To be continued.)

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

THE RELATION OF DISEASE TO OCCUPATION.

By Dr. A. H. Gordon, Montreal.

Since Adam delved and Eve span mankind has had to work and has been none the worse for it.

When everyone was his own hunter, blacksmith, carpenter, soldier, blacksmith, mason, there was no opportunity for one occupation to absorb all his time and energy and the evils intrinsic to one calling were counteracted by another. In those days our ancestors' difficulties arose largely from his inefficiency in any one department, rendering his survival unlikely. As time went on, specialization brought greater efficiency to the work, but not always greater advantage to the worker.

It is said that one can get anything if he will pay the price. An army can win battles if it pays the price in life and treasure and in training. A man can make a fortune if he pays the price in energy, in time, in culture, or in integrity, and efficiency in a calling or industry may be bought at the expense of a warped mentality or impaired bodily health on the part of the worker.

I do not say that efficiency must always be bought at this price, but in many occupations and industries this is the price that someone must pay. I do not look upon my province this afternoon as that of a compiler of a catalogue of all occupations and the ills pertaining thereto, but rather to indicate in the broadest way certain examples of occupations which entail some deterioration of mental or physical health. When we deduct the hours of sleep, with most of us the major part of the balance of life is spent under the influence of some occupation, and it thus goes without saying that as a man's work is so shall his strength be. To illustrate this we may say that taking equal num-

bers of various occupations, for one clergyman who will die, there will be 2 doctors, 1½ lawyers, 2½ cab-drivers, 3 filemakers and 4 bartenders. In general terms one may say that these people will die in these proportions on account of their relative susceptibility to chest diseases on one hand and to diseases of the heart and blood vessels on the other.

Perhaps of all ways in which an occupation may render one likely to take ill or to die, the greatest is the way in which it exposes him to Consumption—"The Captain of the Men of Death."

Dirt, Darkness, Disease and Drink are the routes which he takes towards his victim and in so far as an occupation predisposes toward one or all of these, it is the ally of Tuberculosis.

Since Dirt is matter out of place, we will find it in its most dangerous form in the various dust producing trades. This is shown by the fact that for one farmer who dies of Lung Disease, there will be from the same number 4½ earthenware workers, 4 cutlery workers, 3 iron and steel workers, 2½ quarrymen, 2½ cotton workers and nearly 2 bakers.

When, in addition to the dust, some of these occupations are carried on in dark or feebly lighted factories and in the presence of great heat, which tempts to the indulgence in alcohol, the high mortality from Tuberculosis in cutlers, filemakers and iron and steel workers is explained. It will be readily seen, also, why the sweat shop is damned. Here labor is carried on in dark and confined areas necessarily dusty with the added danger of infection from materials. The long hours give every facility for infection by Tuberculosis. And here one may digress to give a passing kick at Child Labor.

It is now pretty generally conceded that all of us who have developed or will develop Tuberculosis will have acquired it in the first instance in childhood, and what more admirable opportunity is there for acquiring it than in a factory where there are almost certainly adults carrying the disease and where the conditions of dust, fatigue and youth co-exist.

Another group of occupations in which the tendency toward alcohol exists, which render the worker liable to chest diseases—Tuberculosis and Pneumonia on the one hand, and heart and arterial diseases, including Apoplexy, on the other—are bartenders, porters, brewers, drivers and glass and steel workers. It is from the ranks of the hard workers who are heavy drinkers, that the hospitals get most of their cases of crippled hearts.

Certain callings, while they may predispose to such diseases as Tuberculosis and heart disease, carry also a risk intrinsic to the occupation itself. To give an example I may cite the case of lead poisoning, and to show that this is no new disease "brout hire frae France," I will read the account of an attack of Lead Colic by Dr. James, of London, in 1750. The workers in lead who are most subject to the

malady are those who grind white lead, when the dust is inhaled and gives rise to acute poisoning.

Painters, plumbers, and other workers in lead are also subject to the disease, a peculiar feature of which is that in equal exposure to infection women suffer more than men. Another trade in which lead poisoning was not uncommon was the polishing of cut glass, in which a putty of lead and tin was used. This danger has been largely modified by the introduction of safety appliances.

The making of matches was for many years responsible for phosphorus destruction of the jaw bones and phossy jaw, until some time ago in England, and lately in Canada, the use of yellow or poisonous phosphorus was forbidden, and the more expensive, but less dangerous, red phosphorus replaced it.

The precautions taken against lead poisoning consist in careful washing of the hands and face after leaving work; the prevention of workmen eating near the work; and the use of respirators and sulphuric lemonade.

It is only necessary to mention mercury poisoning from manufacture of mirrors, Brazier's ague from brass fumes, anthrax from handling the wool of infected sheep, stone lung or stonecutters' Phthisis, as examples of the toll which labor takes of its rank and file.

I would like now to call your attention to two ailments which are so common that they pass unnoticed. The first is Chlorosis, or the anaemia of young women, found chiefly, but not entirely, among domestic servants, but may be seen often in young women employed in confectionery or bakery shops or in department stores. It is seen most in those who have come from the country and take employment indoors in towns. The subject comes soon to have a pallor of a greenish tint, and weariness and shortness of breath rapidly ensue. Fortunately it is a disease which, if recognized, is usually amenable to treatment, but if untreated may often become associated with ulcer of the stomach and all its evils. More sunlight, more fresh air downstairs as well as upstairs will help to prevent it.

The other ailment about which I would like to say a few words is what is known as "Nervousness" in all its forms, what is known medically as functional nervous disease—Hysteria, Neurasthenia and their related states. It has appeared to me that there were two conditions which rendered this state likely—concentration and monotony. I can well believe that in the Fleet in the North Sea there must be many such cases in formation—constant watching and nothing to see.

Such an occupation as telephone operator, where concentration is at its maximum and where the saving grace of variety is absent, certainly does conduce to what is called nervous breakdown. In such occupations short shifts are a necessity or such nervous breakdowns would be the rule. Stenographers are in a less degree subject to the

same influences. May I add that another element which enters into these breakdowns among young women in these callings is deeper down in nature. Her psychic inheritance does not prepare her for this first hand contact with the struggle for existence, but here she is very decidedly on the firing line and in the midst of the verbal and actual projectiles. This cuts across the grain of her nervous structure and leaves it much more damaged than would have been the case with the man.

There is another type of occupational disease of the nervous system in which extreme specialization overreaches itself. The finer movements of the hand associated with such movements as writing, typewriting, piano playing, telegraph operating, are controlled by cells in the brain which form connections with others for the fine associated movements required. Overuse and lack of rest wear out the controlling apparatus and, though the hand is not paralyzed, it loses its power to carry out these special associated movements, and we get writer's cramp, or telegrapher's cramp.

To change the method of writing or to educate the other hand is of some avail, but a complete change of occupation is often the only course open. As my 1750 informant says in regard to this complaint—"These misfortunes are principally incident to Philosophers, Arithmeticians, Merchants, Clerks and Secretaries, whose minds are often perplexed with a multitude of letters, and the variety of subjects on which they write."

Medical examination of those going into any occupation would greatly assist in the avoidance of diseases; shorter hours in all departments; not the spirit of getting even more than the pound of flesh out of employes; domestic economy; and, above all, remembering the Divine commendation, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto Me."

ANNUAL MEETING.

The National Association for the Study and Prevention of Tuberculosis of the United States holds its Annual Meeting in Seattle, Wash., on June 14, 15, and 16, 1915. Some of our nurses in the West who are interested in this work will doubtless avail themselves of the opportunity to secure the help and inspiration which will surely follow a programme which promises to be unusually valuable. The officers of the Association have extended a very cordial invitation to Canadian Nurses interested in this work to be present. We understand special rates are being offered by transportation companies, while parties are being arranged to travel from New York and Chicago by special car. Further information may be obtained from the Executive Secretary, 915 Cobb Building, Seattle.

HOSPITALS AND NURSES

British Columbia

Miss Isabel Lord (V.G.H.), of New Westminster, B.C., was selected by the St. John's Ambulance Association to go to the Front as a nurse in the St. John's Ambulance Hospital, at a meeting held by the British Columbia branch of the Association. Miss Lord will be the representative nurse of British Columbia for this organization.

Miss Marjorie Aitken (V.G.H.), from Vancouver, B.C., has been called from Ottawa for active service.

Miss Hetty Baynes (V.G.H.) left Vancouver for England on the 30th of April. Miss Baynes intended to devote her services to work in the base hospitals in England.

The New Westminster Graduate Nurses' Association held their third Annual Banquet in honor of the Graduating Class of the Royal Columbian Hospital at the Hotel Russell, Friday evening, April 30, 1915. This year there were twelve nurses in the graduating class. Miss S. P. Wright, President of the Canadian National Association of Trained Nurses and of the Provincial Graduate Nurses' Association of British Columbia, addressed the class, mentioning the importance of Registration. The other guests of honor were Miss Randal, of the Vancouver General Hospital, Mrs. Johnston, President of the Vancouver Graduate Nurses' Association, and Miss Lord.

Miss Lord leaves for the Front on May 4, being sent by the St. John's Ambulance Society of New Westminster.

Miss Kate Stott, who has been Night Superintendent of the Royal Columbian Hospital for the past year, left for San Francisco on May 2 to take a Post-Graduate Course in the St. Luke's Hospital.

The New Westminster Graduate Nurses Association held their Annual Dance on April 9, the proceeds to be devoted to supplies and dressings for the soldiers at the Front.

Alberta.

The 1915 graduating class from the Training School of the Calgary General Hospital received their diplomas at the graduating exercises of the school, held in Paget Hall, Calgary, on the evening of April 6th.

Mayor Costello, chairman of the Hospital Board, presided.

Addresses were given by the chairman, the vice-chairman, Mr. J. H. Woods, Superintendent McKillop. Dr. R. B. Dean delivered a most admirable graduating address.

The graduating class this year numbers eleven: Misses Annie Court, Fannie Hunt, Margaret McLeod, Ethel S. Thompson, Hester E. Shun, Emma M. Miller, Mary T. Watt, Muriel Lindsay, Helen F. Mutch, Frances Batey, and Ethel Graham.

A free Dispensary has been opened in the General Hospital, Calgary, by the Hospital Board.

Mrs. J. F. Rothwell, of Lethbridge, Alta., graduate of Medicine Hat General Hospital, has been accepted as a Red Cross Nurse, and reported at Toronto on May 10th. Her husband belongs to one of the Canadian contingents.

Manitoba

Miss S. J. Johnston, Assistant Superintendent of Brandon General Hospital, was called to service at the Front and left for Ottawa in April. We send of our best. Miss Mowat, also of the Hospital Staff, has gone too.

Miss Katie Whymbs,graduate of St. Boniface Hospital, class '10, has returned from New York, where she recently completed her post-graduate course.

Miss Blanche MacNeil has returned to the city to resume her duties as private duty nurse, after spending three months at her home in Aylesford, N.S.

Miss Barbara MacKinnon is spending a few weeks with her relatives in Oberon, Man. Miss MacKinnon is convalescing from a severe attack of pneumonia.

Miss C. McLellan is spending her vacation at her home.

Miss Jamieson, a St. Boniface graduate, class '14, and Miss McInnis, class '15, have been honored by being appointed to go to the Front.

Mrs. Thomas Montgomery (nee Tobin) has returned from New York, where she has been spending the past few months.

Miss Annie Starr, graduate of St. Boniface Hospital, class '06, and President of the St. Boniface Nurses' Alumnae Association, has been appointed Registrar at the Nurses' Residence, 753 Wolseley Ave., Winnipeg. Miss Starr has the best wishes of her classmates and sister nurses for every success in her new duties.

Ontario

Peterboro: The graduating exercises of the Nicholl's Hospital Training School for Nurses were held in the Conservatory Hall, on April 27th, 1915. The graduating class: Misses Marguerite H. Hamner, Lila C. Roberts, Edith G. B. Howson, Gertrude M. Fife, Effie A. Empey.

The Conservatory Hall, which was prettily decorated with flags and bunting for the occasion, was crowded with friends of the class, members of the Board of Trustees, and friends of the hospital, who followed with interest the proceedings and the splendid program of speeches and music.

Mr. John Crane and Dr. Hammond were the reception committee.

Rev. J. R. Wilson and Dr. N. H. Sutton gave most interesting addresses.

Miss E. A. Empey won the bandaging prize and Dr. A. E. Ham-

mond made the presentation, congratulating her upon her success in this important branch of the work. Miss Empey took 90 per cent. in her examinations. The evening finished with refreshments and dancing.

The Nicholl's Hospital Alumnae gave a banquet in honor of the three members who are leaving for service at the Front—Mrs. M. K. Douglas, Miss P. Roberts, Miss F. Smith. A pretty, convenient diary was presented to each. They will be followed by the good wishes and keen interest of those who must remain at home.

Miss Grace Burnham, graduate of class '98, is visiting Mrs. Halliday, after a long absence from Peterboro.

Miss Bradley, Fort William, left on April 12, 1915, for Ottawa, to join the nurses who are going to the Front.

The new Nurses' Home in connection with Oshawa General Hospital is in course of construction. This home will greatly add to the comfort of the nursing staff and also increase the bed capacity of the hospital.

On the evening of April 9th, previous to the departure of Miss Ina Grenville, graduate of Mack Training School for Nurses, St. Catharines, class '13, with the British Red Cross, the members of the Alumnae and pupil nurses assembled at the Nurses' Home and presented Miss Grenville with a portfolio, fountain pen, and camera. Miss Grenville and the other nurses for the British Red Cross embarked at St. John, N.B., on April 21st, on the Corsican.

Miss Maud Bowman, class '13, Mack Training School, has joined the St. John's Ambulance Corps, and left for the Front the middle of May.

On Monday, April 12th, St. Michael's Hospital Alumnae Association held their regular meeting at the clubhouse. The President, Miss Stubberfield, presided. Monday is the St. Michael's day for Red Cross supplies, so the nurses worked while they talked.

On Wednesday evening, April 14th, a banquet was given by the Sisters at St. Michael's Hospital, for their nurses who have joined the staff of the University Base Hospital. The hall was decorated with the flags of the Allies and was bright with light and flowers. Among the many guests were the Chaplains, who had attended to the spiritual welfare of the hospital during the last few years, and the Alumnae Association toasts were given, intermingled with patriotic songs.

Each nurse going overseas received a handsome prayer book, meditation book, and crucifix from the Sisters of the hospital. A most enjoyable evening was brought to a close by the singing of the National Anthem. On the following morning the holy sacrifice of the mass was offered in the hospital chapel at the request of the Alumnae Association, and was well attended.

The St. Michael's nurses of the University Base Hospital were again entertained by the Sisters of the hospital Tuesday evening, April 20th, when they had the pleasure of hearing a most instructive lecture by Dr. R. J. Dwyer on the "Origin and Character of the Present War." Dr. Dwyer referred at length to the ethics of the nursing profession, especially as applied to military nursing. Rev. Dr. Morissey was also present and gave a short address. Refreshments were served in the library, after which each nurse was presented with a fountain pen, suitably engraved, from the Alumnae Association.

On the following morning the holy sacrifice of the mass was offered for the nurses by His Grace Most Reverend Archbishop McNeil, in the hospital chapel. Many members of the Alumnae Association were also present.

Miss E. Drysdale, graduate of the Toronto Western Hospital, and nursing sister with the C.A.M.C., received a call to active service overseas, and is now at the Front. Miss Drysdale spent the winter with a patient at Beverly Hills, California, and was still there when she received the call.

The regular monthly meeting of the Toronto Western Hospital Alumnae Association was held on Friday, April 16th, in the Nurses' Residence. Miss Jackson presided. There was a good attendance and all enjoyed the talk on "Nurses' Work," given by Dr. Wilson at the close of the business meeting.

Miss S. Jackson, graduate of the Toronto Western Hospital, is visiting the San Francisco and San Diego Expositions and cities en route to California.

A tea for the Toronto Western Hospital nurses on the staff of the University Base Hospital was given by the Alumnae Association of the Western Hospital, on Monday, April 26th, at 26 Rosebery Ave. Each nurse was presented with a sterling silver pencil from the Association.

Miss Tuckett (T.W.H.) has entered active service with the Canadian Red Cross and St. John's Ambulance Corps.

The following is the account of the work done by the Peterboro Chapter of the G.N.A.O., assisted by several married ladies, former members of the profession:

In September the members contributed cash to the local Red Cross Association to the amount of $40.25.

On March 17, through the kindness of the management of the Oriental Hotel, their tea room was placed at our disposal during afternoon and evening. Lunch was served, from which the sum of $56.50 was realized, which was turned over to the local Red Cross Association.

The Chapter provided the materials and made up 17 dozen hand-

kerchiefs and 744 yards gauze bandages, which also were handed over to the local Red Cross.

From materials provided by the Kitchener Club of Peterboro and local Red Cross Association we made up also the following supplies: 2,115 yards factory bandages, 1,815 yards flannelette bandages, 12 dozen large surgical dressings, 10 dozen small surgical dressings, 20 dozen compresses, and 56 dozen sponges.

The Graduate Nurses' Association of Thunder Bay District met on May 6, 1915, at McKellar Nurses' Home, the President, Mrs. Cook, in the chair.

Miss Graham continued "The Life of Florence Nightingale," by Sir Edward Cook. The subject, indeed, meets with great interest.

Miss Bradley, one of the members, left with the Overseas Expeditionary Force since our April meeting, and Miss Tumer Masseuse has gone to England to follow up her work and render service where most needed during this awful war.

The Association voted $50.00 for a cot in H.R.H. the Duchess of Connaught's Hospital at Clivedon, asking that the cot be inscribed, "From Graduate Nurses' Association, Thunder Bay District."

Kingston: The staff of No. 5 Stationary Hospital (Queen's University), which left Kingston, Wednesday, May 5, consisted of ten officers, seventy-six privates and N.C.O.'s and thirty-six nurses.

The Officers.—Lieut.-Col. Etherington, Lieut.-Col. W. G. Anglin, Major G. E. Kidd, Major W. T. Connell, Capt. S. M. Polson, Capt. W. H. Ballantyne, Capt. J. P. Quigley, Capt. E. B. Sparks, Capt. J. Wallace, Capt. G. A. Platt.

The nurses were Mrs. G. E. Kidd, Mrs. Kate Robinson, Misses Annie Baillie, Grace Hiscock, Bertha M. Webber, Hattie Brydon, Hazel McLeod, Lillian Pugh, Martha Stewart, Maud Aberneathy, Nellie Christie, Ruby Cornett, Marion Stevens, all of Kingston; Mrs. Mabel K. Douglas, Peterboro; Miss Agnes Lane, Prescott; Miss Robertine Thompson, Miss Hattie Steacy, Miss Mary Hambly, Miss Minnie McBride, Belleville; Miss Senora Herrington, Napanee; Miss Lora McCammon, Miss Bertha Rowe, Brockville; Miss Myrtle McMillan, Port Hope; Miss M. Bonter, Trenton; Miss K. Hastey, Miss F. Ellwood, Miss E. Finlayson, Miss Etta Sparks, Miss H. Kinnear, Ottawa; Miss Pansy Roberts, Welcome; Miss A. Watkins, Toronto; Miss Armstrong, Miss McNachten, Cobourg.

Of this list twelve are K. G. H. Graduates—Mrs. Kidd and Misses Baillie, Webber, Brydon, McLeod, Stewart, Christie, Cornett, Stevens, Lane, Bonter, Armstrong.

The K. G. H. Alumnae and Chapter have spent a great deal of time working for Queen's University Hospital. They collected and

Why You Should Buy the Meinecke Ice Bags

1—The Nurse Cannot Lose the Washer. Each Bag is fitted with our Patented Unlosable Washer.

2—The Pleats give them a larger capacity.

3—Every Ice Bag is Guaranteed for One Year from date of purchase against all defects of manufacture.

Enlarged View of Screw Cap with Unlosable Washer, showing how the Regular Flat Ring Washer is kept in place by the Maroon Rubber Cap and cannot drop off and become lost. Washer Patented January 23, 1906

The Most Durable Ice Bags Made

"Progress" Oblong Ice Bag

Made of Cloth-Inserted Maroon Rubber

One Size Only, 7 x 11 inches

Patent Nos. 680,610 and 810,784

For wearing qualities this Bag cannot be equalled and it is, without exception, the finest Ice Cap made for heavy hospital usage. Its shape makes it suitable for applying to any part of the body, while the pleats or fold gives it a large bottom surface.

"Progress" Round Ice Bag

Made of Cloth-Inserted Maroon Rubber

One Size only, 9 inches Diameter

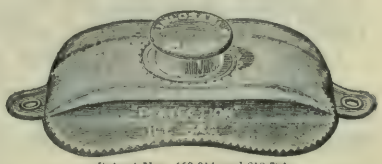
Patent Nos. 680,610 and 810,784

This bag is similar in construction to the "Progress" Oblong Ice Bag described above, the only difference being that this is a little smaller and round in shape.

"Perfection" Ice Bags

Upper Part Made of Cloth-Inserted Maroon Rubber, and Lower Part of All-Rubber Stock

Three Sizes, Small, Medium and Large



Patent Nos. 660,014 and 810,784

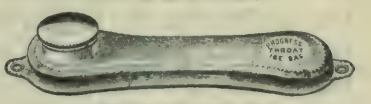
The "Perfection" holds more ice than other bags. The box-like pleats permit it to assume a square shape when filled, thus allowing the bottom surface to lie flat when in use.

Small Size, 5 x 9 inches
Medium Size, 6 x 11 "
Large Size, 7 x 13 "

"Progress" Throat Ice Bags

Made of Cloth-Inserted Maroon Rubber

Two Sizes, Small and Large



Patent Nos. 680,610 and 810,784

Small Size, 10 inches long
Large Size, 12 " "

"Army and Navy" Combination Ice Bag and Helmet

Made of Cloth-Inserted Maroon Rubber

Fig 1

Fig 2

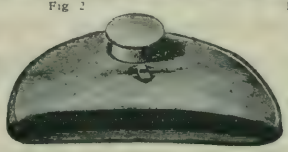


Fig 3

Fig. 1 shows how the Helmet may be flattened out to form a Regular Round Ice Bag. Fig. 2 shows the Bag folded into Helmet shape. Fig. 3 shows how the ice may be centered over the base of the brain. The loops on the Bag make it easily tied to the head.

Large Size, 12½ inches in diameter; Small Size, 10 inches in diameter

Write for our Special Wholesale Prices to Hospitals

Meinecke & Co., 66-68-70 Park Place, New York

donated 350 pairs socks, 130 pillows, 40 doctors' operating gowns and 45 caps, besides a large number of towels, dressings and bandages.

The twenty-seventh Annual Commencement Exercises of K. G. H. Training School for Nurses was held in Grant Hall, Friday evening, May 7, at 8 o'clock. There was a delightful musical programme, besides an address by Dr. R. W. Bruce Smith. The Hospital emblem pins were presented to the graduating class by Mrs. Geo. Nicol and Mrs. H. D. Bikky. Miss Stewart and Miss Lane, two Overseas nurses, were the medalists of this year's class.

Quebec

The annual meeting of the Montreal General Hospital Alumnae Association was held in the Nurses' Home on April 9th, 1915. The following officers were appointed for the ensuing year:

President, Miss Colley; First Vice-President, Miss Z. Young; Second Vice-President, Miss H. Dunlop; Corresponding Secretary, Miss E. A. Munroe; Recording Secretary, Miss F. Strumm; Treasurer, Miss A. Ketchen; Registrar, Miss P. Belknap.

An At Home was held in the drawing room of the Nurses' Home on April 19th, by the Alumnae Association of M.G.H., in honor of the nurses leaving for the Front with No. 3 McGill General Hospital.

The nurses were attired in their military uniforms, which imbued the occasion with the military spirit. The names of the M. G. H. nurses going with the McGill unit are as follows: B. Armitage, E. P. Babbitt, H. E. Carman, M. B. Clark, A. M. Cooper, I. M. Davies, G. DeCou, L. Dickie, Duncan, M. E. Engelke, M. Fortesque, Gourlay, C. Gass, E. J. Giffen, L Gilles, L. Gray, Hoerner, E. D. Handcock, R. Loggie, M. McDermot, L. McGreer, L. McLeod, C. A. McLeod, Mann, Morewood, McConnell, McNaughton, Muir, Ross, V. E. Sampson, M. Stevens, C. Stuart, A. Tate, C. M. Watling, E. Watters, and E. M. Whitney.

Other nurses who have gone to the Front with the First Contingent were: Sisters Tremain, Pelltier, Galt, Webb, Strathy, and Massy.

Those who went to Salisbury Plains to nurse sick soldiers were: Sisters Nelson, Upton and Dalglish.

Some of our nurses have been notified to go with the Second Contingent.

Misses Macfarlane, Day and Barry, M.G.H. graduates, entertained the M.G.H. McGill nurses at a tea on Claremont Ave., Westmount. Other nurses and friends were also invited and a very enjoyable time spent.

Miss M. V. Young has taken charge of the Convalescent Soldiers' Ward in the M.G.H., which is the military hospital of the city. Over one hundred soldiers are being cared for there at present.

A Message To Every Canadian Nurse

When you read of "Cereal Infant Foods", Malted Foods, and Infant Foods requiring the *addition* of milk, you realize the contrast between these goods and

Glaxo

*The Food That "**Builds Bonnie Babies**"*

Being in itself pure milk (with sufficient added cream and lactose to bring it up to the ideal standard of babies' *natural* sustenance) Glaxo is in a class by itself.

Glaxo is made in New Zealand, the finest dairy country in the world, and is prepared for use in a moment by the addition of hot water. It *cannot be wrongly used by your patient.* There is satisfaction for you in this.

Glaxo is also a splendid restorative in convalescence after operations, and for use wherever the digestive organs are weak.

A sample will be sent to any nurse mentioning this paper.

Glaxo

CANADIAN OFFICE

418 Dominion Bank Bldg., Toronto

Miss Wyman, who has spent the past six months with a patient in Florida, has returned to her home at Fitch Bay, Que., for a rest.

A voluntary nurses' aid has been organized under the auspices of the Khaki League. They have made for the accommodation of soldiers invalided home from the Front a Convalescent Home of 70 beds at 46 Belmont Park, which was formally opened on April 21st, 1915, by His Royal Highness the Duke of Connaught, who was accompanied by the Duchess and Princess Patricia.

The Vice-Regal party were received at the door of the home by the officers, and passed through the hall, inspecting the nurses, who were lined up on one side dressed in their distinctive uniforms of khaki linen, with white aprons and caps, all wearing the Red Cross; and the St. John's Ambulance Brigade (Angus Shops Division) and First Aid Workers on the other, all of whom have volunteered their services.

This is the first of its kind being organized in Canada with a staff of voluntary workers. Several summer homes in the country have been offered for the accommodation of wounded and sick, convalescent soldiers, and shall no doubt be all needed. The workers consist of graduate nurses and first aid. Among them we are glad to see M. G. H. graduates, whose numbers we are sure will be largely increased in the near future. Some are unavoidably detained from doing overseas nursing owing to family ties.

The names of those at time of organizing are: Commandant, Mrs. J. A. Henderson; Heads of Divisions, Miss G. H. Colley and Miss H. Dunlop. Other Graduates—Misses A. Bullock, P. Belknap, M. J. Barry, J. Brown, W. Caldwell, A. Jamieson, M. Armstrong, M. MacDougall, M. Macfarlane, J. Meigs, L. Stewart, L. M. Terrill, K. M. Wilson.

The Alumnae Association of the R. V. H., Montreal, decided that this year, instead of giving the usual dinner to the graduating class, they would devote the money to sending a volunteer nurse to France. They, however, held an informal reception on Wednesday evening, the 7th of April, for the graduating class and also for the nurses who go with the McGill Hospital to the Front. The latter appeared in their uniforms, which are most becoming and serviceable. There were a number of the old graduates present and a most enjoyable evening was spent. The most of the program, consisting of music and recitations, was contributed by the graduating class themselves, and Miss Lindsay, class of '98, gave a very interesting talk about her work at Neuilly, where she was a volunteer nurse in an American hospital for five months after the outbreak of war. She returns to France with the McGill Hospital. Refreshments were served during the evening. The

If you want a Uniform which is smart, durable and comfortable, go to your nearest dealer, *ask for and get a*

La Mode

UNIFORM

Only first class materials and workmanship are employed in making *La Mode* Uniforms. They wear out—BUT they take their time about it.

Ask for La Mode and accept no other.

If your dealer cannot supply you, write for Booklet C. showing other models.

MADE UNDER CLEAN AND HEALTHFUL CONDITIONS — NATIONAL CONSUMERS LEAGUE — USE OF LABEL AUTHORIZED AFTER INVESTIGATION

Of white linen finished Cambric
Price $3.00

HAYS & GREEN, 352 Fourth Ave., New York

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$20.00 a month will be paid together with board, lodging and laundry. Application to be made to Miss E. F. Rivington, Superintendent, 149 East 67th St., New York City.

Send your Subscription for this paper to

The Canadian Nurse Publishing Company

32 Colborne Street - Toronto

Courses in Public Health Nursing

The Boston Instructive District Nursing Association offers two courses in preparation for public health nursing.

The Eight Months' Course is offered by the Association in connection with **Simmons College** (Harvard University) and the **School for Social Workers.** The work at Simmons College includes courses in sanitary science and public health, preventive medicine, social legislation, and household economics. At the School for Social Workers lectures and conferences throughout the year on the principles and methods of social service, with related practical work. Practical nursing experience arranged by the Instructive District Nursing Association. Tuition fee, $80.00.

The Four Months' Course, under the direct management of this Association, is designed to give a basis for the varieties of social work where nurses are in demand. Instruction is given in the procedures of district and visiting nursing in all its branches, and experience provided in the principles and methods of organized relief. Field work, lectures and class discussion.

For further information apply to

MISS A. M. CARR

561 Massachusetts Ave., Boston, Mass.

nurse who is being sent by the Alumnae Association is Miss Kidd, one of this year's class. She goes with twenty other volunteers to La Panne. They expect to leave early in May. The Alumnae Association feel very sure they will be extremely proud of their representative at the Front.

The graduating exercises of the Training School of the R. V. H., Montreal, took place on Monday, April 12th, when thirty-one nurses received their diplomas. Mrs. James Bell presented them. Mr. Meredith, President of the Board of Governors, was chairman. Col. Birkett, head of the McGill Hospital, gave an interesting address on the work of the Medical Corps at the Front, showing diagrams of the different hospitals through which the wounded pass from the firing line to the base hospital, and the means of transporting them. After the address refreshments were served in the dining room.

It is with great regret that we announce the death of Miss Kingan, one of the oldest and most faithful members of the Alumnae Association of the R. V. H., Montreal. She was only ill a few days with pneumonia. She will be much missed in the hospital, where she did private nursing, and in the meetings of the Association.

At the Graduating Exercises of the Woman's Hospital, Montreal, three nurses—Mrs. C. Jones, Miss E. Heggie, and Miss Roth—received diplomas and medals. The medals were presented by Mrs. Reddy and the diplomas by the Matron, Miss Trench. Addresses were given by Dr. H. L. Reddy and Dr. Burnett. A musical program was then enjoyed, after which refreshments were served.

New Brunswick

The annual meeting of the St. John General Public Hospital Alumnae was held at Miss Hegan's Private Hospital, on Monday, April 5th. The following officers were elected:

President, Miss E. J. Mitchell; 1st Vice-President, Miss Nellie Graham; 2nd Vice-President, Miss Ella Tait; Treasurer, Miss K. A. Holt; Recording Secretary, Mrs. A. O. Burnham; Corresponding Secretary, Miss A. A. Burns.

The Alumnae purposes meeting once a week to make dressings, towels, etc., for Dr. MacLaren's Hospital, in France.

Several of our graduates are on his staff at present and probably more will follow very soon.

The Annual Commencement of the Farrand Training School for Nurses, Harper Hospital, Detroit, Mich., was held on the evening of April 21, 1915, at the Wayne County Medical Society Auditorium. A reception followed the exercises.

STANDARD Floor Dressing

insures hospitals against the dust evil. It is sanitary because it holds down the dust on the floor and kills the germs which the dust contains. Standard Floor Dressing preserves the floors; it penetrates and fills the pores of the wood and keeps out dust and dirt. It is economical; one gallon will cover from 500 to 700 square feet of floor. Standard Floor Dressing greatly improves the appearance of the floor and prevents it from warping and cracking. For prices and any further information, address our nearest office.

THE IMPERIAL OIL COMPANY
Limited

BRANCHES IN ALL CITIES

Made in Canada

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 846 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Moody; Secretary, Mrs. Willard J. Hill, 360 Oakwood Ave., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Lete Teeter; Cor. Sec., Miss C. Cameron, 137 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper: Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Mrs. M. Armstrong; Cor. Secretary, Miss K. Holt.

Dix-Make UNIFORMS

ARE READY FOR WEAR AND meet the requirements of the most fastidious. All nurses who would wear strictly tailored and extremely smart-looking uniforms, should insist upon having our label in the garments when buying.

Made with utmost care and precision of standard materials, in all sizes.

Sold by department stores everywhere

The Dix-Make has been selected as the official uniform of the AMERICAN RED CROSS

Write for book of styles, samples of materials, etc. Address Dept B.

665 $5.00

666 $4.00

Henry A. Dix & Sons Company - Dix Building - New York

To test the exquisite fineness of

NA-DRU-CO. Royal Rose Talcum Powder

sprinkle a little on the back of the hand, rub lightly with the finger tips and see how quickly it disappears, leaving the skin soft as satin. It refreshes and soothes when you're hot and weary, and its fragrance delights the sense.

At your Druggist's—25c a tin

232

National Drug & Chemical Co. of Canada, Ltd., Montreal

THE CANADIAN NURSE EDITORIAL BOARD

Newfoundland

Miss Southcott, Supt. Training School for Nurses, Gen. Hosp., St. John's.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

Cape Breton

Mrs. Lornay, Brooklands, Sydney, N.S.

Nova Scotia

Miss Pemberton, Supt. Rostholm Hospital, Halifax.

Miss Kirke, Supt. Victoria General Hospital, Halifax.

New Brunswick

Mrs. Richards, Supt. Victoria Public Hospital, Fredericton.

Miss Hegan, 75 Pitt St., St. John.

Quebec

Miss H. A. Des Brisay, 16 The Poinciana, 56 Sherbrooke St. W., Montreal.

Miss Colquhoun, 301 Mackay St., Montreal.

Miss Emily Freeland, 285 Mountain St., Montreal.

Miss Hersey, Supt. Royal Victoria Hospital, Montreal.

Miss L. E. Young, Asst. Supt. Montreal General Hospital, Montreal.

Miss M. Vernon Young, 56 Sherbrooke St. West, Montreal.

Miss Grace E. Nourse, 5 Elizabeth St., Sherbrooke.

Ontario

Miss Morton, Supt. Gen. and Marine Hospital, Collingwood.

Miss MacWilliams, Supt. General Hospital, Oshawa.

Miss Robinson, Toronto General Hospital.

Miss Janet E. Anderson, 85 Norwich St, Guelph.

Miss Bessie Street, 137 Catherine St. N., Hamilton.

Miss Annie Baillie, 237 Queen St., Kingston.

Miss M. A. MacKenzie, Chief Supt. V.O.N., Somerset St., Ottawa.

Miss M. A. Ferguson, 476 Bonacord St., Peterboro.

Miss L. Regan, St. Joseph's Hospital, Port Arthur.

Miss Jewison, 71 First Ave., Toronto.

Miss Ewing, 295 Sherbourne St., Toronto.

Miss S. B. Jackson, 86 Prince Arthur Ave., Toronto.

Miss M. Russell, 24 Patterson Ave., Ottawa.

Miss McNeill, 82 Gloucester St., Toronto.

Miss J. I. Gunn, Toronto General Hospital.

Miss E. F. Neelin, General Hospital, Kincardine.

Miss A. M. Connor, 853 Bathurst Street, Toronto.

Miss Mary F. Thomson, 2 Lyman Street, St. Catharines.

Miss J. Ferguson, 596 Sherbourne Street, Toronto.

Miss Lennox, 32 Bernard Avenue, Toronto.

Miss G. A. Hodgson, 26 Foxbar Rd., Toronto.

Mrs. W. Cummins, 95 High St., London.

Miss G. A. Gowans, 5 Dupont St., Toronto.

Miss Butchart, Toronto.

Miss E. Master, 27 Ellen St. E., Berlin.

Manitoba

Miss Birtles, Supt. General Hospital, Brandon.

Miss Wilson, Supt. of Nurses, General Hospital, Winnipeg.

Miss M. I. Burns, General Hospital, Winnipeg.

Saskatchewan

Miss Jean E. Browne, Alexandra School, Hamilton St., Regina.

Alberta

Miss M. M. Lamb, 562 Kirkness St., Edmonton.

Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

British Columbia

Miss Judge, 811 Thurlow St., Vancouver.

Miss M. H. Clarke, 1030 St. Charles St., Victoria.

Miss Rene Norcross, 1274 Mitchell St., Victoria.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

BOARD OF DIRECTORS

Mis J. I. Gunn, Toronto, President.

Miss M. E. Christie, 39 Classic Ave., Toronto Secretary-Treasurer.

Miss Lennox, Toronto.

Miss J. G. McNeill, Toronto.

Miss A. I. Robinson, Toronto.

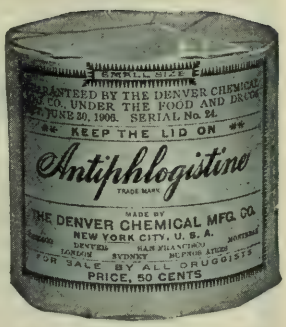
Editor

Miss Bella Crosby, 295 Sherbourne Street, Toronto.

A Perfect Poultice—

physiologically active from the first moment of contact; physically clean, convenient and agreeable to the most fastidious patient; protective to the most sensitive skin, which, on removal of poultice, even after 48 hours, is always in a normal, wholesome condition—

The foregoing briefly describes


SMALL SIZE
GUARANTEED BY THE DENVER CHEMICAL MFG. CO. UNDER THE FOOD AND DRUGS ACT JUNE 30, 1906. SERIAL No. 24.
KEEP THE LID ON
Antiphlogistine
TRADE MARK
MADE BY THE DENVER CHEMICAL MFG. CO.
NEW YORK CITY, U. S. A.
DENVER SAN FRANCISCO
LONDON SYDNEY MONTREAL ATLEE
FOR SALE BY ALL DRUGGISTS
PRICE, 50 CENTS

Directions:—Always heat in the original container by placing in hot water. Needless exposure to the air impairs its osmotic properties—on which its therapeutic action largely depends.

Antiphlogistine
TRADE MARK

which, for more than twenty years, among progressive physicians, has superseded the old-time, bacteria-breeding, soggy, uncleanly, disagreeable flaxseed, bread-and-milk, and other unscientific, ineffective poultice; most of which, on removal, leave the skin softened to a degree bordering on, if not actually producing an abrasion with possible infection later.

Physicians should WRITE "Antiphlogistine" to AVOID "substitutes".

"There's Only One Antiphlogistine."

THE DENVER CHEMICAL MFG. COMPANY, MONTREAL

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss Barbara Gilchrist; Vice-President, Miss Agnas McDougall; Secretary-Treasurer—Miss B. MacIntosh.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 St. Alban St.; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss Margaret Cameron, 69 Breadalbane Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Summer Class opens July 6, 1915

Fall Class opens Sept. 22, 1915

Duration of term four months

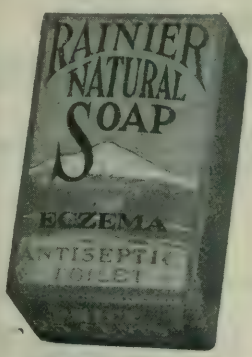
Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.

MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.



It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY

Buffalo, N.Y.

MALTINE

With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY

88 Wellington St. West, TORONTO

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss L. Galbraith, corner Shaw and Irene St.

Treasurer, Mrs. Canniff, 77 St. Clair Ave. East.

Recording Secretary, Miss Grace Gowans, 5 Dupont St.

Corresponding Secretary, Miss E. C. Anderson.

Conveners of Committees—General Business, Miss Ewing, Miss J. Hamilton; Sick Visiting, Miss I. Gray, 67 Balmoral Ave., Miss M. Ellerington, 159 Cumberland St.

Press Representative and "The Canadian Nurse" Representative, Miss Burwash; Representatives on Central Registry Committee, Miss L. Teeter, Miss Barnhart; Sick Visiting, Mrs. Clutterbuck, Misses Ewing, Jamieson and Cameron.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. Geo. Valentine, 55 Lakeview Ave; Treasurer, Mrs. MacLean, 702 Euclid Ave.

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooke.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Smith, 596 Sherbourne Street; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper, Cummings and Bradshaw.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss Cradock; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Wednesday, 3 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Piggott, Riverdale Hospital; Treasurer, Miss Rogers, Riverdale Hospital.

Executive Committee—Misses Argue, Murphy, Scott, Nicols and Honey.

Conveners of Committees—Sick Visiting, Miss Murphy; Program, Miss Edith Scott.

Representatives on Central Registry Committee—Misses Argue and McPhayden.

Representative "The Canadian Nurse"—Miss McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA.

President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss H. Sykes, 753 Wolseley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolseley Ave.; Treasurer, Miss J. Tracy, 244 Arlington Street.

Conveners of Committees: Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolseley Ave.

Regular Monthly Meeting—Second Thursday at 3 p.m.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, JULY, 1915. No. 7

TWELFTH ANNUAL MEETING OF THE GRADUATE NURSES ASSOCIATION OF ONTARIO

Toronto General Hospital, May 22nd, 1915, 2 p.m.

The President, Mrs. Tilley, occupied the chair.

The meeting was opened with the Nurses' Prayer.

Moved by Miss Pringle, seconded by Miss Stewart, that the minutes of the last annual meeting be taken as read. Carried.

The Secretary, Miss Pringle, then read her report, and moved its adoption, this motion being seconded by Miss Stewart, and carried.

REPORT OF RECORDING SECRETARY

Madam President and Ladies:

The Executive heartily welcome all the members of The Graduate Nurses' Association of Ontario to this our twelfth annual meeting. We meet this year under sad and depressed conditions, on account of the terrible war in which so many of our brave Canadian soldiers are taking such an active part in protecting our country; also to-day many of our brave Sister Nurses are absent, who have volunteered for active service and are now on their way to the Front with The University of Toronto Base Hospital staff. Four other nurses also went from Toronto to the hospital at La Panne, France, for three months' gratis service there, under auspices of the Queen of Belgium.

On account of the unsettled conditions caused by this great war, the Executive have found it very difficult to get nurses to take an active part in executive work and convenership of various committees, as there is so urgent a need for nurses' work in the making of Red Cross supplies, not only at the Nurses' Club, but also in the various city churches. Although a fair amount of work has been done, there is still room for us to be more enthusiastic in helping with this great work. We will cordially welcome nurses at any time to come to the Nurses' Club, 295 Sherbourne St., and help us with our work.

During the past year your Executive has held nine regular meetings and three special meetings, with an average attendance of twelve members.

Since our last annual meeting, on September 17, 1914, when the by-laws were revised, there has been some confusion as to the meaning of different parts. We hope to have these fully discussed and made

clear by the convener, Miss Helen N. W. Smith, of Hamilton, to-day.

Registration is still in the balance and as yet not in shape for actual use. The statute was altered April 4th, 1914, but regulations have not yet been arranged satisfactorily. We ask for the support of every graduate nurse in Ontario. Become united and in unity gain strength and by this strength secure Registration in Ontario for Graduate Nurses.

The association made a presentation of a fitted club bag to Mr. Ludwig, lawyer, who has been doing our legal work in connection with Registration so long and refused to send his financial statement.

The Toronto Chapter is now our representative to Women's Local Council.

Mrs. Clutterbuck resigned as convener of Legislation Committee in March, 1915, but has since consented to act until this annual meeting.

A special meeting was called for April 13th, 1915, to make final arrangements for our annual meeting.

We did not accept the Kingston Chapter's kind invitation to hold our annual meeting there this year, as so many of the Kingston nurses had gone to the Front. We thought, too, that Toronto would be more central for most nurses and the Association's expenses would be less. We also had an invitation to hold our annual meeting in Peterborough, with the Ontario Medical Association and Public Health Officers.

We sent congratulations to Mrs. Willard J. Hill, Secretary Manitoba Graduate Nurses' Association, on receiving Registration in Manitoba.

One hundred applications of new members have been received and accepted since May, 1914. We have now a membership of about 300 nurses.

The Executive has asked each Ontario Chapter to appoint a member to the Legislation Committee, making this member responsible to her Chapter for each step taken, and each Chapter responsible for its own constituency.

We now have Chapters in Hamilton, London, Peterborough, and Kingston, all doing good work. We hope to do much better work during this coming year, and hope very soon this terrible war will come to an end and we will be enabled to accomplish much this year.

Respectfully submitted,
INA F. PRINGLE.

The report of the Corresponding Secretary was also read and passed.

REPORT OF CORRESPONDING SECRETARY

During the year 83 letters have been written, 33 of which were to the different associations, asking for nurses to enroll for the war.

Twenty-eight cards, notifying of the meeting of the Directors, are sent out each month. Four hundred and twenty-seven copies of the Constitution and By-Laws were sent out. In addition, a great number of application forms were sent out and the necessary correspondence in connection with these.

JESSIE COOPER, Corr. Secretary.

The Treasurer, Miss Stewart, presented her report, and moved its adoption, seconded by Miss Cooper, and carried.

TREASURER'S REPORT FOR YEAR ENDING MAY 24th, 1915

RECEIPTS

Balance on hand at beginning of year		$287 88
Fees	$355 50	
Proceeds, Florence Nightingale postcards	11 65	
Bank interest to Dec. 31st, 1914	6 05	
Total receipts for year		373 20
		$661 08

DISBURSEMENTS

Refund of fees to chapter at Hamilton	$30 90	
Refund of fees to chapter at Peterboro	6 00	
Refund of fees to chapter at London	12 00	
Refund of fees to chapter at Kingston	6 00	
Refund of fees to chapter at Toronto	67 50	
Expenses, Miss Crosby, convention at Halifax	66 00	
Traveling expenses, Mrs. Tilley, President	31 20	
Use of Nurses' Club for meetings for year	15 00	
Annual dues 1914-1915, Canadian National Association Trained Nurses	20 00	
Subscription Canadian Magazine, for club	2 50	
Postage	76 10	
Advertising, The Canadian Nurse, 9 months to 24th March	18 75	
Printing and stationery	95 50	
Auditor (including typing annual report)	5 00	
Stenographer, chapter meeting and annual meeting	27 40	
Gratuity, Mr. Ludwig	43 00	
Solicitor's fees re Constitution	5 00	
Bank exchange and sundry items	3 87	
Total disbursements for year		$531 72
Balance in bank at close of year		129 36
		$661 08

JULIA F. STEWART, Treasurer.

I have examined Receipt Book stubs, Bank Book, Vouchers, and Cash Book for year ending May 24th, 1915, and certify that above statement agrees therewith.

Toronto, May 22nd, 1915. T. W. ELLIS, Auditor.

In the absence of Miss Smith, through illness, Miss Pringle read the Report of the Committee on Constitution and By-Laws.

REPORT OF COMMITTEE ON CONSTITUTION AND BY-LAWS

Since the annual meeting, in September, 1914, the Committee on Constitution and By-laws met in Hamilton, in October, 1914, for the purpose of preparing the circular letters that the annual meeting had advised sending to the various members of the association, to the alumnae and other nursing organizations of the province, explaining the changes in eligibility, membership and fees resulting from the passing of the new By-laws, 10, 11, 12, 13 and 19, respectively.

In order to include every alumnae, a letter was sent to each hospital in Ontario, requesting that if said hospital had an alumnae association the matter should be brought before that body by the Superintendent of the hospital. A few questions were asked in regard to the number of average daily occupied beds, length and branches of training given to the nurses, etc., in order to collect data for the consideration of the eligibility of the alumnae associations.

A copy of the Constitution and By-Laws of associations other than alumnae was requested.

As no reply was received from a great number of these circular letters, a second letter was sent out in January to those hospitals and associations that had not been heard from, with the result of three further replies.

The data collected showed that a great number of Ontario hospitals have no alumnae association, and that quite a number do not have the required standing, either in number of daily occupied beds or in the training given the nurses to make them eligible for membership with this association.

Could not some effort be put forth in some systematic way by this association to rouse the interest of nurses and hospitals throughout the province to the appreciation of the above conditions, and to encourage affiliation with this association wherever possible, so as to make this a truly provincial representative association of trained nurses?

The letters, with data, constitutions and by-laws collected, etc., have been handed over to the President. Respectfully submitted,

HELEN W. SMITH, Convener.

A letter was read from Mrs. Clutterbuck.

The President: I had hoped that Mrs. Clutterbuck would have been able to come over for a little while. There has been nothing done by the Legislation Committee this year, with the exception of one interview we had with Mr. Ludwig. We were to have had another one, but it didn't take place. We do hope that the committee for the coming year may be able to do more work. It has been really heart-breaking during the last few years for the workers.

The reports from the different Chapters were then presented.

Miss Deyman, Hamilton: I might say that our meetings have not been as well attended this year as previously. Our average attendance was just twelve. This was due to the fact that the nurses have been meeting at the Club, and it is a little out of the way. Next year we will have our meetings at the Y.W.C.A.

We have had a monthly lecture, but missed two meetings, January and February, owing to bad storms on the nights of the meetings.

The nurses have been working with the Alumnae Association in making Red Cross supplies, and they are still keeping up that work. We have sent out 40 boxes, four dozen pair of socks, and a box at Easter time containing 43 pairs. I cannot tell you what was in the Red Cross supplies, but they were full boxes.

Miss Gunn: As your representative to The Canadian Nurse, I attended the annual meeting, held in Toronto. This is the only meeting I have attended.

The President: Do I understand that you are only allowed to attend the annual meeting of The Canadian Nurse Editorial Board?

Miss Gunn: Yes.

The President: I thought the representative attended all the meetings. Miss Christie, perhaps you can tell us. In the early part of the year you were going to discuss the annual report.

Miss Christie: I don't remember that there has been any discussion. All material has to be in the printer's hands one whole month before the magazine is published. If it is not, it cannot go in.

The President: Is there no way of getting it in earlier?

Miss Christie: Sometimes Miss Crosby has been able to squeeze in something at the last moment. It is not very easily done. The material must be in a month previous.

The President: I knew the reason, but I was wondering if there was any way it could be changed. We meet the last Wednesday in the month, and it is five weeks before it gets to the association.

ANNUAL REPORT OF THE PETERBOROUGH CHAPTER OF G. N. A. O., 1914-15

The Peterborough Chapter of the Graduate Nurses' Association of Ontario has a membership of about twenty-five nurses. Meetings are held the first Wednesday of each month, in the Public Library. Meetings open with prayer, roll call, reports of secretary and treasurer, discussion, business, and adjournment.

Since the war started the nurses have occupied their spare time in helping to make supplies for the Red Cross Association.

In the fall the nurses gave a collection of $40.25. In the month of March they realized $56.50 from a tea. Made up bandages out of 744 yards of gauze, 2,115 yards of cotton, 1,815 yards of flannelette; twelve dozen large surgical and ten dozen small dressings; twenty dozen compresses; fifty-six dozen sponges; seventeen dozen handkerchiefs. The nurses have decided to continue with Red Cross work until the war is over.

LILLIAN E. SIMONS, Secretary.

The regular meeting of the Kingston Chapter was held in the Nurses' Residence of Kingston General Hospital, Tuesday, April 6th, at 3 p.m. There was only a small attendance of fourteen, as a number of the nurses were attending the Red Cross meeting, held in the City Hall. The meeting was opened with the Lord's Prayer. Letters were read from Mrs. Tilley, President of the Graduate Nurses' Association of Ontario, and Miss Stewart, treasurer. The greater part of the time was spent in discussing plans for receiving donations for Queen's Stationary Hospital. Arrangements were made for a "Sock" shower to be held in a vacant store on Saturday, April 10. The meeting adjourned, after which some of the nurses proceeded to the City Hall to help with the good work.

The K. G. H. Alumnae voted fifty dollars for Queen's Hospital, to be added to proceeds from the "Sock" shower. We were all delighted with the "Sock" shower, when about three hundred pairs of socks and thirty-five dollars were received.

ANNUAL REPORT TORONTO CHAPTER OF GRADUATE NURSES' ASSOCIATION OF ONTARIO

The Toronto Chapter of the Graduate Nurses' Association of Ontario was formed March 31st, 1914, at a mass meeting of nurses called by the Provincial Association.

It had been apparent for some time that a local chapter was necessary, as the number of nurses in Toronto had increased rapidly and some organization was needed to bring all graduate nurses to-

gether. The interests of the Provincial Association were, of course, scattered over the province and did not deal with local affairs.

This Chapter is now almost fourteen months old and the second annual meeting is arranged for November. The regular meetings are held every two months, the Alumnae Associations meeting on the alternate month. The executive consists of a President, Vice-President, Secretary, Treasurer, a representative to the Provincial Executive and the Conveners of Committees. The five regular meetings held since organization were addressed by:

1. Miss Charlotte A. Aikens, of Detroit, May 4, 1914.

2. Miss Julia Stewart, and Miss Jane Grant, of Toronto, Sept. 28, 1914.

3. Miss Amy Hilliard, Inspector of Nurse Training Schools of the State of New York, and Mr. Geo. A. Putman, Director of Women's Institutes in Ontario, Nov. 16, 1914.

4. Mrs. Henry P. Plumptre, of the Toronto Red Cross Society, January 18, 1915.

5. Dr. C. C. James, Commissioner of Agriculture, March 15th, 1915.

The regular May meeting was postponed, since Toronto was honored by the annual meeting of the Provincial Association. Five special meetings have been called:

1. For organization, March 31, 1914.

2. To deal with the question of a home nursing bureau, June 3, 1914.

3. To co-operate with the National Association in the enrolment of nurses for army service, and to organize to contribute to the funds for a Hospital Ship, Aug. 17, 1914.

4. To organize a committee to deal with enlistments and other matters arising from war conditions, March 22, 1915.

5. To form a committee to deal with the making of Red Cross supplies, April, 1915.

The executive has met fifteen times—twice with the Presidents of the Seven Alumnae Associations; once with the executives of the Alumnae Associations and members of the Provincial Legislation Committee; once with the three standing committees, and once with the representatives to the Toronto Local Council of Women.

Three standing and three special committees have been formed.

The Programme Committee has met twice and has reported to the Executive.

The Press and Publication Committee has met twice and has reported many items of interest at the regular meetings.

The Legislation Committee has met twice, has given the Chapter a statement of the progress of registration in the various provinces,

and has compiled suggestions from the Toronto Alumnae to be forwarded to the Provincial Committee.

A Special Representative Committee, to study the question of Home Nursing, was appointed at the organization meeting, met twice, and recommended the formation of a smaller committee to draft plans for the organization of a local bureau.

On the recommendation of this second committee the Chapter responded to the request of a group of laymen and physicians organizing to do the same work and suggested plans for co-operation. The Home Nursing Bureau has not so far developed.

The Toronto Chapter has been quite active since the outbreak of the war, and through this channel the Graduate Nurses of Toronto have responded very well to the different appeals and have shown their willingness to assist in every possible way. A fund of $1,383.45 was raised as a contribution to the Hospital Ship; a fund of $301.40 was given to purchase material for nightgowns and wool for knitting. The nurses have done a great deal of knitting, besides making five hundred and thirty-four nightgowns for the Women's Patriotic League.

The war has tended to bring the nurses together and has given them a common object for which to work. Still another expression of this united effort is a War Committee, formed March 22nd, to deal with matters arising from war conditions. The first task undertaken by this committee has been to respond to the call from Montreal for volunteer nurses for the hospital in La Panne, France. Four Toronto nurses were recommended by the committee, which is composed of one representative appointed by each of the seven Toronto Alumnae Associations.

A Red Cross Committee, which had been formed at a mass meeting called by the Toronto Graduate Nurses' Club, was re-organized as a Special Committee of the Chapter, April, 1915. This committee has continued the excellent work initiated by the original committee, and organizes the nurses for the making of surgical supplies for the Toronto branch of the Canadian Red Cross Society.

The change of provincial constitution resulted inevitably in confusion in the payment of fees. This difficulty was met by special contributions from the seven alumnae associations forming the Chapter. The balance in the treasury is now $22.68.

The detailed work accomplished during this first year is probably the least important result to be recorded. The policy of the Graduate Nurses' Association of Ontario in encouraging the formation of local chapters will, we believe, result in the development of a spirit of unity amongst the nurses of the province.

"INSTITUTIONS AND SOCIAL LAWS PERTAINING TO SOCIAL SERVICE WORK."

By Helen McMurrich, Toronto.

I am sure this title is rather paralyzing, but I am not going to keep you here all day and all night, although it sounds such a formidable title. My idea in choosing that subject was simply to direct our line of thought along a certain channel. The Programme Committee asked me if I would speak upon the Science of Social Work, but I really felt that some of you might instruct me upon that question, and at the same time I had a desire to say something about more than science. I have a feeling that there is a tendency with us, in this age of standards and efficiency, to talk of science and sometimes to forget that along with science there must be soul. So the Programme Committee very kindly changed my subject.

As there are 266 approved charitable institutions in Ontario classified as hospitals, sanatoria, asylums, orphanages, homes, refuges, etc., and social laws pertaining to each class, to say nothing of those pertaining to individuals of all ages and of both sexes, one wonders with such an inexhaustible subject what to say and what to leave unsaid. My wish is simply to direct your attention to this line of thought with the hope that, in following it up, some practical assistance may be rendered to those engaged in social service work, and that all may have a clear conception of the necessity for each one of us to have a knowledge of more than our own line of work.

Now, in thinking this over, it came to me that perhaps the best way to bring it to our attention would be to think of certain classes that we have. For instance, the expectant mothers, mothers and infants, infants without mothers up to four or five years, and children from four or five to fourteen years of age, and from fourteen or sixteen on.

In connection with all of these, there are, of course, certain institutions with which we must be familiar, and I know I am speaking to a body of nurses who make it their first business, when taking up any kind of work, to learn their field, and to study the institutions and charitable institutions that are in the field, so as to better know the situation and be able to work more efficiently.

With expectant mothers, naturally, Rescue Homes come. You find these all over Ontario, and their number is increasing. We have to think of this problem concerning Ontario as well as Toronto. We have to know these homes, what their work is, and the requirements laid down. In the same way we must know something about our hospitals and maternity boards, to whom we have to turn to seek admission for the patient, where the money is to come from. When the nurse handles the expectant mother, she must, I think, be familiar with the Illegiti-

mate Children's Act. It seems to me if the nurses had not some invisible Power from a Higher Source protecting them they would give way under the strain in connection with this work. I had something to do with such cases some years ago, and met this discouragement, so I thought it might be of some use for the nurses to have a copy of the Act respecting the Support of Illegitimate Children. I have over forty of these. They will, perhaps, assist you in knowing how far you dare go without being afraid of the law. It is rather a dangerous problem, and I think we ought to protect ourselves.

With regard to hospitals, I think every one of us ought to know these few points. I do not want to mislead you, I simply want to give you certain information which I think it is well for you to know. If you look at these books afterwards, you will get a great deal more information.

If a hospital patient has not resided in the town for more than three months, the cost of maintenance is billed against the municipality of which the patient is legally a resident, and the corporation is liable for and has to pay the amount of such cost.

In the case of a child under one year of age, the municipality in which the child's mother has last resided for one year shall be deemed liable for maintenance.

In placing mothers and their babes in homes (Maternity Homes), it must be remembered that the person in charge of same is registered as being of good character and able to maintain, keep and properly lodge such women or girls or infants, and that if it is shown to the Medical Health Officer that said person is incapable of providing proper food and attention, or is guilty of serious neglect, or that the home has become unfit for the reception of women or girls or infants, the Medical Health Officer may remove the name from the register.

I don't think this can be too forcibly brought home to every one of us. I think we are all too apt when speaking of these Maternity Homes to do so in a suggestive way, and not give anything concrete, and that is passed on to the next nurse, and it goes on to the next. There is nothing actually definite, but it goes on growing. It is our duty to protect all those with whom we have to deal, but I don't take it that our way of protecting them is to pass on information in that indefinite way. I don't think it is our duty to knock the person at the head of that institution, or the person appointed by the Government Officer, as they are in some cities. I think every one of us has a duty in this regard.

In connection with infants without their mothers. We know very well that thousands of women take care of certain babies, and we ought to be familiar with this law:

"No person shall receive for hire or reward one or more infants

under the age of three years for a period exceeding 24 hours, unless they have received a license to do so."

There, again, some of us may be inclined to speak, and it is our bounden duty, if we have anything concrete, to give that statement to the person responsible and we will have a redress of the grievance. It is time that every one of us realized this fact, and when we hear from different nurses that there is one baby being fed on whiskey and water, and that another woman in one of these houses dictates about a mother weaning her child and tells her she must do so, and so on, we realize the importance of the question. It is our duty not to knock the person in charge, but to find out if these statements are correct and report to some responsible person. It is a very hard thing to do, but it is our duty. I don't think it is our duty to make indefinite statements and not have anything concrete to offer.

To abandon a child or endanger its life by exposure is punishable by three years' imprisonment.

Then we have probably had something to do with children that are placed out for adoption. This is such a large problem, I thought it wiser to get some of these books. I have 50 from the Parliament Buildings.

Children are adopted, as you know, through the Children's Aid Society, and reliable institutions that make arrangements for the adoption of children. This is such a large subject in itself that it is rather difficult to enter into details at present.

When children get to be four or five years of age, in Toronto (I suppose it is the same in other cities), they must, of necessity, be transferred to another institution, so that in handling children over those ages Girls' Homes, Boys' Homes, and all sorts of Orphanages come before our attention. There, again, it is a tremendous problem. If, in our efforts to rehabilitate families, we meet with children who are deaf and dumb, it is nothing short of a downright sin to overlook those children. I don't think any of us would intend to do so, but there may be difficulty in getting admission for the child into the Ontario School for Deaf and Dumb, at Belleville, and there might be a tendency to let the matter drop through the stress of our daily life

A child may be admitted into the Deaf and Dumb School at Belleville between the ages of seven and twenty. I have a book here about that institution, and also application forms.

Then we have the Ontario School for the Blind, at Brantford. According to their annual report, people are admitted there between the ages of five and twenty-nine, and, again, there is no excuse for us. If we meet blind people, and they are even pretty well on, perhaps past

off

the school age, it is our duty to think of their future. We are our brother's keeper in very truth.

With regard to Industrial Schools, it is scarcely necessary to say very much about them. It is a great comfort to know that we have institutions of this kind, so that we can have more power and force in dealing with certain problems that come up.

Then there are some social laws, most of which you will find in this book, that I will run over:

Any child between the ages of 10 and 16 years, guilty of a serious offence, and beyond the control of the C. A. S., can be committed to an Industrial School. Cost of maintenance is divided between the municipality and the Government.

Extracts from the Dominion Criminal Code and the Ontario Children's Protective Act, summarized by the Superintendent of Neglected and Dependent Children of Ontario, are available to all and probably so familiar that it is unnecessary to quote therefrom. It is a comfort, at least, to know that in our efforts to rehabilitate families where complicated conditions arise the law comes to our assistance, that if any person ill-treats, neglects, abandons, or fails to support a child for whom he is responsible he may be sentenced to one year's imprisonment; that children under the age of 14 years shall not be employed by any person during school hours; that parents or guardians of children between the ages of eight and fourteen years who neglect or refuse to cause such children to attend school (unless child is excused from attendance as provided by this Act) shall incur a penalty of not less than $5 or more than $20; that children under 15 years, unaccompanied by adults, cannot attend moving-picture shows; that no child is allowed to beg; that no child under 16 may loiter in any public place after 9 p.m.; and that no child under 14 shall be employed in a factory.

That is dealing with Ontario. Up to a short time ago, if not now, Quebec was different. It was 12 years.

I hope I am not wearying you, but there are a few points I would like to bring out. I have not said anything about the Home for Epileptics. You know what and where it is. There is a possibility of a limited number, under certain conditions, being admitted to the Woodstock Home for Epileptics. If you would like a copy of an application form, I think I have one with me. Of course, if a person is, as they say, a lunatic, she cannot be admitted. Neither can she be admitted free, but, by drawing from certain agencies, I think the latter difficulty, in most cases, can be removed.

Then when a girl (I am afraid I cannot give you much assistance with regard to a boy) reaches the age of 16, it is a problem indeed. We should always bear in mind the Y. W. C. A. I think as a Provincial body that we should always bear in mind that there are nurses in

every city, that there are social agencies in every city, and that it is our fault if a person is lost track of when she moves from one city to another. We must all work together. The Frances E. Willard Hall, in connection with the W. C. T. U., accommodates women of reputable character from one to three or four days, and they can come back twice, at least, free of charge, and stay that length of time. So if you have a girl coming from Kingston to Toronto, and you can probably get the W. C. T. U. in almost every city, communicate with them, and do not let your work go to the wall for lack of co-operation. The Young Women's Christian Association also does work of that character. I don't think it is on quite as large a scale.

Besides that, there are Traveller's Aids. (I am taking it for granted you don't know some of these things.) At different stations there are Traveller's Aids. We have four or five on the field in the city of Toronto. There, again, larger cities can be of assistance to smaller cities, in passing on the word that such and such a person is going from one city to another.

To come back to what I mentioned at first, the matter of soul with science. When we think of a good musician, we have to think of his technique and we also have to feel the soul, and I think we ought to think along the same line with regard to social service work, that there are those two points to be considered. We must be efficient; we must aspire to higher standards; but I do think that in this age we ought to take time for meditation, that we may receive the spiritual as well as the physical strength that is necessary, and so stimulate those with whom we come in contact, that by our personality we may reflect the life of Jesus Christ.

The President: Instead of that being too long, I think it was too short. There was so much in it, that I am sure we will need the books to study it all.

(Miss E. M. Paul's paper on "Work of the Housewifely Centre" followed here, but it has not been received.—Ed.)

Discussion on By-Laws followed.

Miss Dyke: I am quite sure of your sympathy in taking Miss Smith's place.

First I will speak about our Charter, then the formation of the Board of Directors will come up, and finally the question of Eligibility. Miss Gunn will discuss the question of Eligibility and Miss Potts will present the formation of the Board of Directors.

On the question of the Charter, I would say that when the committee set to work to discuss the situation, we were advised by a lawyer that we must base our by-laws on the Charter. We had the same advice, unofficially, from two other lawyers, and the lawyer who had

drawn up the Charter also confirmed that. It is rather unusual for a Charter to be so long. Your committee did not recommend changing the Charter. I would not be at all surprised if some future committee wished to do so. It is so detailed. It does tie the hands of our association. There is nothing in that Charter that any of us at present wanted to change, but with the progress that is sure to come we may expect other nurses to want to change the Charter.

To show what I mean, when we came to the appointment of directors we began to discuss whether a director who had served for three years could be voted upon again for another three. The question was not open for discussion, because our Charter says, "A retiring director shall be re-elected." We at present have no objection, but other nurses may. You have in the Charter what should be in a by-law and subject to change. Your committee has found no reason to change it.

Now, as to the formation of the Board of Directors, as you see in this first year the Nomination Committee has presented 21 directors, in order to start. Seven of those have been elected for three, seven for two, and seven for one year. In the next year seven will drop out, and the Nomination Committee, which will have to be appointed today, according to our Constitution, will present seven other names. So each year we will elect only seven directors, and they will serve for three years, and each year seven will drop out.

In addition to those 21 directors, each Chapter sends up a representative. For instance, Miss Gunn is the representative this year for our Toronto Chapter. If there are five Chapters, there will be 26 directors.

The directors having been appointed in that way, they then appoint their officers. Those of us appointed directors will have to meet following this meeting and appoint our President, Vice-President, Assistant Secretary, etc. The association as a whole does not appoint those officers, but having elected the directors, the directors elect the officers.

The radical change which the committee recommended last year, and which you adopted, was in the basis of membership. We felt that as we have splendid organizations all over the Province, for instance, the Thunder Bay Association, the London Association, etc., it would mean so much benefit to all if they were to come into the Provincial body as organizations. We have practically done that in Toronto. In all our Chapter dealings, if we have had any degree of success, it was because the Secretary of the Alumnae Association was responsible for getting out her own members. Our Secretary is bound to know her nurses better than the General Secretary. So this year the Secretary of the Provincial Association won't deal with you and me, she will deal with the Secretary of the Alumnae to which you belong. She will have no mailing list, except to the Secretaries of the different Alumnae Associations. It simplifies the work of the Provincial Secretary, and

adds to the work of the Alumnae Secretary, which is right. It is simply a case of multiplying secretaries.

When we join as an organization, it is necessary that we vote as an organization. Next year none of us will vote for these directors. We have voted individually for the last time. Next year, the Nomination Committee, which is appointed to-day, will present the names of seven directors. Each Alumnae Association will have a delegate there and that delegate will vote. Supposing the Florence Nightingale Association in Toronto appoints Miss Pringle as its delegate, she will vote for someone belonging to that association.

The question of the number of votes that delegate gives depends on the number of members. If Hamilton has 30 members the delegate will cast six votes. If Thunder Bay has 11 members, Thunder Bay's delegate will cast two votes. There is only one vote for each five members. We hope it means that every organization in Ontario will send down here, and instead of having nurses here, there and a few places, we shall have a delegate from all. The organization will, of course, pay the expenses of the delegate.

Member: What about individual members?

Miss Dyke: There are three bases of membership. There are two types of organization—the organization which is an Alumnae Association and the organization which is made up of all. Take Thunder Bay District, we presume there are nurses there from many different schools, and none of the schools large enough to have an Alumnae Association. They form a Thunder Bay Association. They cannot call it an Alumnae Association. It is an Association of Graduate Nurses. There are the two types of Associations—Alumnae Associations and organizations of Graduate Nurses. Then the individual members. Take the Muskoka District, there is no possibility of having an association, but if I want to belong to the Provincial Association I may join as an individual member and may vote as an individual member. We hope there won't be many such. We hope every community in Ontario will have an organization, and if there is an organization of nurses in that territory no nurse may join individually, she must join her local organization.

Member: At Hamilton we have an Alumnae Society, which, of course, is a member of this Provincial organization, and we also have our Chapter, composed of many outside graduates.

Miss Dyke: In that case your Alumnae Association will join as an Alumnae. We must either join individually or form an association.

Member: They are already members of the Chapter.

Miss Dyke: Yes, but the Chapter is formed automatically. If Hamilton has formed a Chapter it is composed of the nurses in Hamil-

ton who are already members of the G. N. A. O. They have got to join the G. N. A. O. You cannot join the Chapter.

Miss Madden: That means that there will be a large number of individual members in Hamilton.

Miss Dyke: Many of us here in Toronto did not graduate here. We have formed the Florence Nightingale Association. If we had not done so, we would have had to join the association individually.

Miss Madden: There are a large number of floating nurses in Hamilton. That will multiply associations.

Miss Dyke: You are in exactly the same place that we were in Toronto. It had six where you have one, then, instead of having a lot of nurses floating around, we formed one association of outside graduates, and then we have those six Alumnae plus the Florence Nightingale.

Miss Madden: With us, unfortunately, they are already members of the Chapter. What is going to become of us now?

Miss Dyke: You can leave it as it is. You are an Alumnae joining the G. N. A. O.; your Alumnae Association and the individual nurses are the Chapter.

Miss Madden: That will give a large number of votes.

Miss Dyke: Your individual members will outvote you. In Toronto all we outsiders formed an association. The Alumnae Associations meet one month, then we all get together and meet on the alternate month. We don't consider the Chapter another organization; it is just a family.

Miss Madden: We have not any arrangement of that sort yet.

Miss Dyke: Now, the question of fees. The individual member pays a dollar a year. The organization sends 50 cents for each of its members. The way that affects the alumnae fee, it is necessary to raise the alumnae fee 50 cents. The association to which I belong had a fee of a dollar a year, they raised it to $1.50, but when I pay the $1.50 I am done. They send on the fee to the Provincial, and the Provincial sends it on to the National.

Member: As a member of the Toronto General, I want to say that our out-of-town membership is very large. Many of our girls are in British Columbia. Some have written. It is not compulsory for them to join, and must we, if they do not join, as an Alumnae, be responsible for their fee?

Miss Dyke: That is a question I cannot answer. It is not provided in the Constitution. Personally, I should think that the Alumnae Association should send on 50 cents only for its resident members—a vote then for each 50 cents paid. The Alumnae Associations having a membership of 200, 75 of them resident, could send fees for 75 only.

Member: Wouldn't it be better for each outside member to connect with whatever local association may be in her locality?

Miss Gunn: In a very similar condition in New York City, they have a New York County Nurses' Association, and that is the link between the Alumnae Associations and the New York State Association, in the same way as the Chapter here is a link between the Alumnae Association and the Provincial Association. In the Alumnae Association in New York, the members of the association who are resident in the city are members of the New York County Association, and they only pay fees for members who are resident in the city. Each year each Alumnae Association sends to the County Association a list of its members resident in the city. If Miss Jones is a resident this year, and a non-resident next year, her name will be taken off the list. When she returns to the city her name is again put on the list. They vote according to the number of members, but the alumnae fee is the same for resident and non-resident members. If you are living in Toronto your fees are the same as if you were living in New York. The alumnae fees are the same for every Alumnae Association I know of in New York. I asked several of the Superintendents of the Hospitals and Training Schools there this spring, and find they have made no difference for their alumnae fees. I have to pay $3.00 a year, alumnae fees, whether I am there or not.

Is this a question for the individual to settle or for the Alumnae Association to settle? I know it has been discussed. I know the nurses look to the Provincial to settle it for them.

Miss Dyke: We could not discuss it and decide it personally. Would you like to make a motion that that be referred to the Provincial for decision? We will take that up when our president is in the chair.

Miss Gunn is going to discuss one phase of the question of Eligibility, and Miss Potts is going to present some resolutions for the committee.

Miss Gunn: I might say there is not very much to discuss. I think the impression was that we had changed the clause on Eligibility, and that it was not now very clear. I think I will read the old Constitution and the new, and you will see that we really have almost exactly the same clause, with one change in one word.

(Reads clauses.)

The kind of hospital in which the nurses are trained is not specified. Any hospital that has a training school with the required number of beds, and giving the required training, is eligible for membership.

Member: Does that include private hospitals? The reason I ask that—there has been a great deal of discussion at the Registry about private hospitals.

Miss Gunn: The way this clause reads at the present time, there is no reference made as to how the hospital shall be maintained at all. Any hospital giving its pupils the proper training, and having the right number of patients, is eligible for membership. That is the way the Constitution was accepted at the last annual meeting. That is the clause that I think needs discussion to-day.

Miss Madden: Is there any specification of required training?

Miss Gunn: Three years' general training. There is no specification as to curriculum at all, no standard. The general training is left to the decision of the hospital.

Member: Who is going to decide which hospital is eligible?

Miss Gunn: Well, the Alumnae, of course, has to meet the requirements before it is accepted.

Member: Who will decide what those requirements will mean?

Miss Gunn: That is for discussion to-day.

Member: It seems there should be some standard.

Miss Gunn: You have only one standard at the present time, and that is a two years' general training in a hospital of 25 daily occupied beds.

Miss Potts: I move the adoption of the first clause:

1. That a committee of three be appointed to report in detail the curriculum of every Training School for Nurses in the Province of Ontario; also by whom instructed, method of instruction, length of training in Medical, Surgical, Obstetrical and Pediatric Nursing, naming affiliations for any special branch.

Miss Gunn: I would like to second the adoption of that clause. I think Mrs. Tilley will remember that in the Executive Committee meetings during the year quite a number of the members felt that the question of 25 daily occupied beds might keep out some hospitals that would be very valuable to the association and needed to be helped along association lines. I think if this information could be obtained about all the training schools in the province, it would then give us a working basis to decide upon a standard. There is not much use in an association wanting to take in all the nurses, if it has such a high standard that none of them can attain to it. This information would, at least, settle that point.

The President: Miss Smith, in her letter, speaks of the hospitals in the Province not coming up to the standard that we had required in the past, and she did get some letters from the different places, but there were very few that were really up to the required standard of a general training, and if this clause were adopted it will, it seems to me, fill a long-felt want. We require something of the kind to find out these things and to get statistics as to what to do to bring the

hospitals in the smaller places up, because we are losing a great deal of good material. Adopted.

Miss Potts: I move the adoption of the following clause:

2. That this report be presented within three months to the Executive Committee, to serve as the basis for the formation of an "Eligibility Clause."

Miss Dyke: I would like to second the adoption of that.

Miss Madden: I think that is very sensible. I think the eligibility might rather depend on the training than on the beds, in the small centres. I have been told that the 25 daily occupied beds make it very hard in some of the outlying centres. The hospitals in those places are very much needed, and the nurses are very acceptable, but they would not be eligible in this association. Adopted.

Miss Potts: I move the adoption of this clause:

3. That a special meeting of the association shall be called to adopt an "Eligibility Clause" for membership.

Miss Dyke: I would like to second that motion, and to point out why it could not be according to our Charter. No change can be made in a By-law without 30 days' notice to each member previous to a special meeting.

I think, on general principles, it is dangerous to give a committee of three power to change a By-Law of a Constitution. I think it is all right for a committee of three to attend to it at first, but it should be thrown back upon the nurses to decide. (Applause.) Adopted.

Miss Potts: Then the last clause:

4. That until the final "Eligibility Clause" has been accepted by this committee, no applications from associations for membership shall be considered.

Seconded by Miss Gunn. Adopted.

The President: There is one matter we have to go back to, the individual membership. Did you not say something about a motion in this regard?

Member: I would refer that back to the Executive.

Seconded by Miss Dyke. Carried.

The President: I would like someone to say something about Miss Smith's letter. Some claim that the nurses under that clause are eligible.

Miss Gunn: They have to submit their curriculum. I think that committee should have all sorts of information as to the amount of practical work, the amount of theory, and so on.

Member: When is that committee to be appointed?

President: I suppose as soon as the Executive gets into working order.

Miss Gunn: I would move that the appointment of that committee be left to the Executive.

Seconded and carried.

Miss Stewart was appointed convener of the Nominating Committee.

The President: We will pass on to the item of new business. We would like some suggestions from this meeting with regard to the future carrying on of the work.

I think there has been some talk, here and there, about a paid Treasurer or Secretary, that you feel more time should be given to the work, and that the officers who are working have not sufficient time to give to the association. We feel it is keeping back the progress of the work. I think Miss Deyman may have something to say.

Miss Deyman: The nurses at the Club in Hamilton have been impressed by the enormous amount of work it has meant for someone. We have all had receipts for our money, and we have notices continually of executive meetings and that sort of thing. We have wondered who it was that did this work and how much they got for it.

The President: Of course, they got nothing. Thanks, I am sure they have the thanks of all the members of the association, or should have, though not expressed very often, but I feel sure the members must appreciate the amount of work that our officers have done in the past and are still doing.

Miss Stewart: It seems to me, Madame President, that it would be of advantage to the Graduate Nurses' Association if it could be managed so that we could have not three or four officers but a financial secretary, who would also act as official organizer for the Graduate Nurses' Association and keep the different Chapters more closely in touch with the Association. The only possible objection to that is that we are not in a position to pay anyone to do that work. There is also the other point, that we would have to apply to Parliament to change the Charter.

The President: The Charter calls for a Secretary, Corresponding Secretary, and Treasurer, so that the offices of Secretary and Treasurer, I suppose, could not be combined. We certainly need someone who can give a great deal of time to the work of the association, someone who could go wherever there are two or three nurses in a town or village, and try to get all the nurses in the Province to understand what it means to have a Provincial Association, and there are so few outside of the larger centres who understand what it means to organize.

Miss Dyke: The Committee on By-Laws and Constitution was asked to discuss this, and is bringing in a recommendation. There will be a special meeting of the G. N. A. O. in the fall, and if that resolution is accepted there will be a study of the Ontario membership

made. If that meeting is held in the fall, I was wondering if the association would consider the question then.

The President: I thought if we spoke of it now, it would start us all thinking along those lines, so as to be ready when it comes before the meeting. It has been on our minds for some time, but financial matters, of course, have had to be considered, and the association has not seen its way clear to paying an adequate sum that would recompense anyone to put very nearly all their time into the work, but it certainly seems that we are at a standstill until we can get better unity and better organization, which even the Chapters do not seem to give us. Speaking of Brantford, I suppose there are twenty nurses there, and not one of them is a member of the association. I can hardly get in touch with them. They have no headquarters, are just a law to themselves. They come and go and seem to be able to do as they wish. I have never heard anything against their work, but it seems to me that a body like that should have some kind of a centre or headquarters. When I was asked to recruit the Brantford volunteers, I did not even know where to find the nurses, and when I got a list of their names I could not find some of their 'phones. Finally I located a few, by visiting some drug stores, and even then I could not get information as to whether they were graduates or what they were. On telephoning to the first nurse, when I gave my reasons, introduced myself, and said that I had received this information from the Canadian National Association of Trained Nurses, she burst into very haughty laughter, which greatly confused me, because I was a stranger. I became so much discouraged that I could not ring up anyone else. I wrote 18 or 20 letters, and did not have one reply. I put it as plainly as I could, and asked them to telephone me as soon as they received the letter. I got no replies. The Superintendent of the hospital gave me four names of those who were just graduating. So right at our doors that body of twenty nurses has not been reached. I hope this coming year to try and stir them up. They don't seem to want to be stirred up. I asked them to come and help with the Red Cross work. Three came one afternoon, and stayed about an hour and a half. I have not seen them since. We do need someone whose business it is to try and make the nurses understand; educate them along organization lines and what it means to organize.

Miss Gunn: Do you find they keep in touch with the hospital—their own Training School?

The President: I believe to a certain extent. The Superintendent they now have is a woman of greater experience than their last Superintendent. She has only been there a short time, and has not had time to organize. I think, perhaps, it will be better in the future.

Directors elected by ballot are:

For three years: Mrs. W. S. Tilley, Misses Jessie Cooper, Helen N. W. Smith, Ella J. Jamieson, Kate Mathieson, Isabel Laidlaw, E. MacP. Dickson. For two years: Misses Ina F. Pringle, J. G. McNeill, B. Mowry, Julia O'Connor, E. H. Dyke, Mrs. Reynolds, and Miss Simons. For one year: Misses L. M. Teeter, M. J. Allan, C. Milton, M. L. Anderson, S. B. Jackson, Isabel Sloane, and G. Burke.

The directors met at the close of the meeting and appointed the following officers: President, Miss Kate Madden, Hamilton; 1st Vice-President, Mrs. W. S. Tilley, Brantford; 2nd Vice-President, Miss Kate Mathieson, Toronto; Recording Secretary, Miss E. MacP. Dickson, Weston; Corresponding Secretary, Miss Isabel Laidlaw, Hamilton; Treasurer, Miss Ella J. Jamieson, Toronto.

Miss Christie: I would like to move a vote of thanks for the hospitality Miss Gunn has extended to the Graduate Nurses' Association of Ontario this afternoon, and also to Miss McMurrich, Miss Paul, and Miss Stewart for their very valuable papers.

Seconded by Miss Mathieson. (Applause.)

The meeting then adjourned.

THE MANITOBA ASSOCIATION OF GRADUATE NURSES

Annual reports presented at annual meeting, held on March 30, 1915.

SECRETARY'S REPORT

To the Members of

The Manitoba Association of Graduate Nurses.

Ladies: This annual meeting marks the close of our second year as an incorporated association, and the enrollment during that period has been very satisfactory, as 214 applications for registration have been accepted, of whom 163 have paid their fees and received their certificates.

Our first examination, under the power given by the Act, was conducted by the University of Manitoba last September; 59 candidates presenting themselves, of whom 56 were successful in all subjects, the remainder requiring to take partial examination in June.

The annual convention of the Canadian National Association of Trained Nurses was held at Halifax in July, 1914, and our association was represented, for the first time, by two delegates, whose reports of the transactions at the meeting have already been submitted to the association. Vancouver was selected for this year's convention, but, on account of the war, it has been cancelled, as well as the International Convention, which was to have been held in San Francisco. There

will, therefore, be no delegates to appoint from our association this year.

At the outbreak of the war, the Canadian National Association offered their services to Premier Borden in securing trained nurses for service with the overseas contingents. This was accepted, and Miss Gunn, the Canadian National Secretary, communicated early in August with your Secretary, requesting our co-operation in obtaining the quota required from Military District No. 10. As they have been needed by the militia, satisfactory volunteers for this purpose have been secured and have gone to their duties, and more will be available when called for.

Valuable service for our soldiers has also been rendered by members, many of whom are active in Red Cross and other relief work.

We are indebted to the following friends who have contributed to the pleasure and profit of the association on the occasions mentioned: Mrs. Nellie McClung, in May; Mr. P. P. Tustin, on "Sanitary Inspection," in October; Mrs. Ledingham, a visiting missionary from India, who gave us a splendid address in November; Mrs. A. V. Thomas, in January, on "Woman and Her Place in the War." Also two interesting papers, one from Miss Bauslaugh on "Factory Inspection," and the other from Miss Wonnacott on "Welfare Work."

It is very pleasing to report that there has been little illness among our members and no deaths.

There have been nine regular meetings of the association and six board meetings held during the year, as well as those of standing and special committees.

Since our last annual meeting three members of the Board have removed from the Province: Misses Wilson, Rathbone and Bradshaw. Our First Vice-President, who was such a capable and efficient member, will be greatly missed.

We are deeply indebted to the management of the Nurses' Residence, who have so kindly placed these rooms at our disposal, and for courtesy shown on all occasions.

I might specially mention the splendid work of the Social Committee, who have greatly helped to make this year a success.

All of which is respectfully submitted.

March 30th, 1915. IDA M. HILL, Secretary.

TREASURER'S STATEMENTS

Revenue

84 annual memberships	$ 84 00	
138 registrations	1,380 00	
Sale of pins	28 65	
Bank interest	2 37	
		$1,495 02

Expenditure

Certificates	$ 113 10	
Engrossing same	40 50	
Pins	91 85	
Halifax convention expenses	174 80	
Advertising re Incorporation	19 20	
Printing and stationery	32 15	
Honorarium Registrar	100 00	
Blankets	62 75	
Volunteer enlistment	20 17	
Affiliation fees L.C.W. & C.N.A.	12 00	
Stamps, rolls, etc.	9 50	
Social teas, flowers	9 73	
		685 75
Surplus		$ 809 27

Receipts

April 29, 1914.—To cash in bank	$ 95 80	
April 16, 1915.—To receipts from membership fees, Registration fees, and sale of pins to date	1,793 73	
To savings account interest	2 37	
		$1,891 90

Disbursements

By cheques issued during year on current account, including expenditure on revenue account, rebates on memberships	723 73	
By paid in cash	45	
		724 18
Balance on hand, April 16th, 1915		$1,167 72
Savings bank account	$1,120 42	
Current bank account deducting outstanding cheques	12 20	
Cash on hand	35 10	
		$1,167 72

B. M. ANDREWS, Treasurer.

I have audited the books and vouchers of the Association for the

past year and find them to agree with the above revenue and cash statements, and consider that the Treasurer's report correctly represents the result of the transactions during the period covered.

FRED C. GILBERT,
Chartered Accountant.

Winnipeg, April 23rd, 1915.

Officers elected for 1915-16 are: President, Mrs. Willard J. Hill; First Vice-President, Miss Annie Starr; Second Vice-President, Miss E. L. Beveridge; Third Vice-President, Miss I. Laidlaw; Recording Secretary, Miss Clara Hood (absent on active service); Acting Recording Secretary, Miss I. Laidlaw; Corresponding Secretary, Miss Ethel Gilroy; Treasurer, Miss N. J. Robson.

BIRTHS

To Mr. and Mrs. Anderson, Amulet, Sask., in February, a daughter (Shirley Alice). Mrs. Anderson (Eva Keene) is a graduate of Montreal General Hospital, class '09.

To Dr. and Mrs. Ower, at Montreal Maternity Hospital, on May 4, 1915, twins. Mrs. Ower (Lena Anderson) is a graduate of Montreal General Hospital, class '11. Dr. Ower went to France with the First Contingent.

At St. Michael's Hospital, Toronto, on May 2, 1915, to Mr. and Mrs. James Donovan, a son. Mrs. Donovan (Nellie O'Neil) is a graduate of St. Michael's Hospital, class '09.

At 70 Oriental St., Newark, N.J., to Rev. and Mrs. S. D. Chambers (Lora M. Linton), a daughter.

To Mr. and Mrs. T. J. Coyle, 656 Strathcona Street, Winnipeg, on March 28, 1915, a daughter. Mrs. Coyle is a Graduate of St. Boniface Hospital, St. Boniface, Man., Class '05.

At Berlin, Ont., on April 5, 1915, to Dr. and Mrs. Gerald D. Forster, a son. Mrs. Forster (Kathleen McDonald) is a Graduate of St. Michael's Hospital, Toronto, Class '11.

MARRIAGES

At Chrich Church Cathedral, Montreal, Miss Alice Alberta Batcheller, graduate of Montreal General Hospital, class '12, to Mr. Arthur Mackay Creighton, of Montreal.

At Montreal, on April 14th, by the Rev. W. D. Reid, Anna Elizabeth Poyser, graduate of the Montreal Women's Hospital, to George Scott Cameron, L.D.S.

At Winona, Ont., on June 9, 1915, Blanche Gertrude Melburn, class '14 Welland County General Hospital, to Mr. Elson Edward Held. Mr. and Mrs. Held will make their home at Fisherville, Ont.

MEDICAL INSPECTION IN THE SCHOOLS*

(Continued from June number.)

Tonsils and Adenoids.

It is astonishing how frequent one finds a dirty tongue and foul breath in a child that should be clean and sweet. It only indicates the prevalence of an improper diet with the presence of carious teeth, diseased tonsils, and adenoids. We have had many striking examples of the results of attention to the teeth, removal of diseased tonsils, and adenoids. There was a rapid improvement of general nutrition, a quickened intelligence and a readier application to school work with a marked improvement of school progress. During one year nearly 200 children had adenoids removed, 400 diseased tonsils removed, and 900 had both adenoids and tonsils removed. The change from dull, slow, colorless, stupid-looking boys with discharging noses, sleepy eyes, round shoulders, contracted chests, and puny bodies to clean, alert, erect, active, bright-eyed and intelligent-looking boys is a striking picture not soon to be forgotten by those who have had the pleasure of observing it. The child suffering from enlarged tonsils and adenoids is unable to breathe properly through his nose, and is compelled to keep his mouth open in order to breathe. Perhaps one of his troubles is deafness. He is soon considered stupid. This impression is strengthened by his poor progress in school. Through no fault of his own he is doomed to failure. He neglects his studies, hates his school, leaves long before he has completed the course, and is well started on the road to an inefficient and despondent life.

We are beginning to find out that many of our backward pupils are backward purely and simply because, through physical defects, they are unable to handle the work of the school program. What these defects are and the causes that lie behind them are things that we must know. **Education without health is useless.** Education must comprehend the whole man, and the whole man is built on what he

*Address delivered by Dr. Minns at Annual Meeting of Whitby Branch, Victorian Order of Nurses, February, 1915.

is physically. Children are not dullards or defective by the will of an inscrutable Providence, but rather by the law of cause and effect.

Teeth

There can be no doubt as to the value of sound, normal teeth to the health and comfort of the child. The teeth reflect the general health as well as an attempt at healthy living. Foul, unclean, and decayed teeth reflect a carelessness, want of cleanliness, and disregard of the rules for personal hygiene.

A dental survey of the children in three schools was made two years ago and the percentage with defective teeth requiring treatment was from 90 to 99 per cent.

We began with four dentists working in the schools daily from 9 to 12 a.m. This number has now been increased to thirteen. A recent survey of ten schools shows the percentage of children with defective teeth to be now about 65. This striking result is the outcome of the work accomplished by the school dentists, augmented by the work done outside of the school clinics as a result of the educational campaign carried on by the teacher, nurse, medical inspector and dentist.

The so-called "Children's Diseases" occur at the time of life when the mouth is in the worst possible condition due to the common neglect of temporary teeth.

Record in Regard to Infectious Diseases.

St. Vincent's Orphan Asylum, Boston. Showing remarkable decrease after dental treatment. A Dental Clinic was established in November, 1910.

	1907 1908	1908 1909	1909 Nov. 1910	Nov. 1910 Apr. 1911	Apr. 1911 May 1912	May 1912 May 1913	May 1913 Nov. 1913
Diphtheria	6	2	1	0	0	0	1
Mumps	8	3	10	4	0	0	0
Scarlet Fever	17	8	12	8	0	0	0
Pneumonia	3	5	4	6	0	0	0
Measles	24	50	40	25	0	0	0
Tonsilitis	19	16	8	3	0	0	0
Whooping Cough	7	2	2	0	0	0	0
Chickenpox	15	17	10	6	0	0	0
Croup	4	0	0	0	0	0	0
Tuberculosis of Eye				1			
Tuberculosis of Lungs				1			

Forest Schools.

Your report gives briefly a description of a successful and happy supervised holiday or "Picnic," lasting three days. Last summer we had a similar picnic lasting six months for 200 children. These children were sent to what are called Forest Schools. One is located in a beautiful park near Scarboro Bluffs, on the lake shore, belonging to Mr. Eckhardt, and one in High Park. The children arrive at school about 8.30 a.m. Free transportation to and from school in many cases is provided. The children are given three meals and two lunches. Their physical and mental welfare is supervised by a staff of medical inspectors, nurses and teachers. They have regular periods of work, play, and rest.

During the first week the Forest School was open, all but three children gained in weight. The gain in weight varied from one-half to four and one-half pounds. Naturally that gain did not continue at the same rate in the weeks to follow. But to judge the benefit accruing to these children from the point of view of the gain in weight only would not be fair. The gain in weight is important, for it should indicate increased vitality and strength. But this is not the only result. Children came to the school dull, stupid, unresponsive, with but little evidence of developing mentally. It was a great pleasure to watch the awakening and quickening intelligence, to see apathy and dullness and stupidity replaced by intelligent alertness and activity, to note the bright eye, and quickened movements, to see the natural interest in everything that surrounds a child evidencing a developing mind. But even this quickened mentality is not the only result, for the child has learned something in deportment to lift his hat to a lady, to smile back "Thank you" for a service rendered, to eat and drink decently at the table, to appreciate the beauty of a few wild flowers, the lure of the open woods, the majesty of the rolling lake, to recognise his Creator in the things of nature. There has been an uplift to his whole moral being, the effect of which, I believe, will never entirely pass away.

There are many other interesting phases of the work which might be enlarged upon did time permit. I might just briefly mention

LITTLE MOTHERS' LEAGUES.

Classes are held by the nurses at which demonstrations are given to the girls in the proper care of the infant, i.e., how to bathe, feed, clothe, and put to rest. The necessary equipment is provided and baby brothers or sisters brought by the girls are used in the demonstrations.

A post-graduate training course for nurses who desire to specialize in school nursing and to fill vacancies occurring on the staff is given.

Special Examiner.—One of the Medical Inspectors devotes his whole time to special examination work with reference to tuberculosis infection among the children. He examines children by appointment in all the schools. The work done by the family physician, hospitals, dispensaries, Board of Health, school medical and nursing staff, and all the Social Service Agencies is co-ordinated in so far as possible to deal most effectively with this problem as it affects the school life of the child.

The most vital thing of medical inspection is that as a result, a process of health education is going on side by side with our general system of education, the results of which will be greater by far than at present appear on the surface. These results will not be confined to the mere physical life of our people, but will affect their whole being.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL.

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

BLOOD PRESSURE.

Blood pressure may be considered in two chapters—experimental and clinical stages. Experimental stage may be said to have begun in 1723, when Stephen Hales, an English clergyman, connected the artery of a horse with a glass tube—the blood rushed up to 8 or 8½ ft., representing the pressure sufficient to raise it. . . . No advance was made for nearly one hundred years.

It is typical of all great discoveries in medical science, that they have been worked out in England first and then on the Continent.

In France a man named Hozier took a glass tube and filled it partly with mercury and partly with saline—the tube being connected with an artery in a rabbit. He found the rise of mercury varied with pulse and respiration.

Next, in Germany, Ludwig put a float on top of mercury with a writing point, making a white mark on the smoked paper from which we have the Kymograph.

Rabbits and dogs were animals most used in these tests. The pressure of blood in artery of a dog was found to be 4½ or 5 inches of mercury, while that in rabbits was 4 inches. Blood pressure was found to depend partly on the heart.

The heart has two sets of nerves, augmentary and inhibitary. Arteries are under the control of nerves. If upper part of nerve going from heart to brain were stimulated by electricity, pressure would be lowered gradually. In many cases pressure is modified temporarily by bleeding and intra-venous. If skull be opened and pressure made on brain, this raises the blood pressure and brain telegraphs to other

parts of the body for more blood. In capillaries, if a square of glass is placed on the skin and a scale placed in which weights may be put, the pressure forces the blood out of the part under the square. In veins the same way.

Pressure in left ventricle is sometimes highest and sometimes lowest. When contracting it is highest and forces the blood into arteries. Pressure in fluids is always from greater or higher to lower.

Clinical Stage—It is only recently that experiments have been used in clinical medicine. Twenty-five or fifty years ago doctors paid more attention to pulse and skin. Before the thermometer came into use degrees of fever were gauged by pulse, skin, and look of patient. The tension of the pulse guided them as to bleeding. Even ten or twelve years ago the men of the old school claimed that the pressure could be judged by finger as well as instrument, but in a thickened artery the test is difficult, also in a very thin or fat wrist.

A study of blood pressure in man was made in Vienna in 1876. First apparatus was a bag filled with water, and placed over temporal artery, and pressure was transmitted to mercury. But this proved a fallacy. A Frenchman named Pontin substituted a bag filled with air instead of water, but it gave results too high.

No great advance came until 1896 when an Italian invented the Anorid Barometer.

Causes which control blood pressure: Old age, hardening of arteries, kidney disease, heart failure, brain tumor, brain haemorrhage, over eating and drinking, worry or mental trouble.

Treatment: Live a healthy life, protection from worry, judicious exercise, proper regulation of diet, counteract nervousness by making light of it, treat it with the thought that everybody has that.

(Notes from lecture delivered by Doctor Morrow to The Canadian Nurses' Association.)

Miss Bertha M. Andrews, Registrar of the Winnipeg Nurses and Secretary-Treasurer of the Wolseley Ave. Nurses' Residence, who is to be married shortly, and whose resignation has been accepted, was given a tangible proof of the appreciation of her efficient service, and the good wishes that accompany her for a happy future, in the gift of a handsome tea service and tray, presented to her yesterday by the nurses now in residence and those who have been associated with the institution for the past seven years. A short and appropriate address was read by Miss Stensby and the presentation was made by Miss Gauld. Miss Andrews has held three important positions for the past seven years. She is a graduate from Brantford, Ont., and Riverdale Hospital, Toronto. She will be succeeded by a St. Boniface graduate, Miss Annie Starr.

HOSPITALS AND NURSES

British Columbia

On April 8th the Victoria Nurses' Club held their annual dance in the Alexandra Club ballroom. The decorations this year were flags, each hospital kindly lending a flag. The white ground with red cross looked appropriate and effective. The dance was a social and financial success. One hundred dollars was cleared, and at our May meeting it was decided to devote the money to Red Cross or patriotic work. Twenty-five dollars was given to the Red Cross Society, thus making our president a life member of the society. Tuesday afternoons the Nurses' Club members off duty meet at the Red Cross Society rooms and make surgical dressings, etc., for the society. Ten dollars was sent to the Graduate Nurses' Association of B. C., for bandage fund. Five dollars' worth of adhesive strapping was also sent as a special gift from the V. N. C.

Miss Ada Cookson has been called by the Military Department for service at the Front. She is followed by the best wishes of her Victoria friends.

Miss Ada Macrae passed away on March 28th, at Victoria, B.C. Her sudden demise was a shock to her many friends, who will ever remember her quiet, gentle way. The Victoria Nurses' Club has sustained a great loss, as Miss Macrae had been a valuable member from its inception.

Miss McKenzie, Superintendent of the P. R. J. Hospital, Victoria, is leaving in June for San Francisco, to be present at the meeting of the American National Association of Trained Nurses. Miss McKenzie has been asked to represent the Victoria Nurses' Club at the meetings.

Saskatchewan

The largest class in the history of Regina General Hospital received their diplomas from the hands of His Honor the Lieutenant-Governor, on May 5th. Particular interest was attached to the exercises, for while the large class of nurses drew many friends, also the fact that Dr. Dakin, medical superintendent of the hospital, is leaving in a few days for the Front, increased the attendance until the auditorium and balcony of the City Hall were crowded. In the absence of the chairman of the Board of Governors, Dr. Mahan presided.

Addresses were given by Dr. Mahan, His Honor the Lieutenant-Governor. The class pins and bouquets of carnations were presented the members of the class by Dr. Dakin and Miss Turner. In the absence of Mrs. Westman, President of the Graduate Nurses' Association, the gift of this organization, which was a year's membership to each graduate, was bestowed by Miss Turner.

Dr. Low's gold medal, for general efficiency, won by Miss

Matthews, was presented by Dr. Mahan, in the absence of the donor. Dr. Thomson's prize, a gold watch, for highest standing in obstetrical nursing was won by Miss Wass. The prize was presented by Mrs. W. A. Thomson, and Dr. Thomson had a few words of commendation for the nurses of this special class of graduates, and congratulations for Miss Turner and the staff. A prize for the second year nurses in training for the highest award in tuberculosis work, presented by Dr. Hart, who is now at the Front, was won by Miss Lauder. Miss Lauder received a special bouquet of flowers, and Miss Shantz was presented with a bunch of beautiful red roses by tiny Miss Wright.

A special and pleasing number to the program was the presentation of a traveling bag to Dr. Dakin on behalf of the staff by Mr. F. G. Haultain.

Ontario

The Public Health Nurses' Association of the Department of Health, Toronto, has been holding its meetings every two weeks during the year. At every meeting there have been interesting and profitable addresses, and to show what a wide range of subjects has been covered it is only necessary to refer to the names of some of the lecturers. Miss Brooking spoke on the care of the feeble-minded girl, Dr. W. H. B. Aikenson on cancer, Mr. Robert Mills on vital statistics, Dr. King Smith on skin diseases, Commissioner Boyd on the work of the Juvenile Court, Dr. Harold Parsons on tuberculosis, Dr. Bruce Smith on Houses of Refuge, Orphanages and Penal Institutions of Ontario, and Miss Feenix on the work of the Social Service Commission. There were other speakers, too, all equally interesting and profitable.

This spring the association lost its President, Miss Stella Fellowes, she having gone to the Front with General Hospital No. 4. Her loss to the association was a serious one, but her position has been ably filled by Miss Nora Moore, the Vice-President. Two other members of the association, Miss Mary Best and Miss Edna Fraser, have also left for service at No. 4 General Hospital. Their departure was the occasion of three delightful informal luncheons at the nurses' sub-stations—University, Moss Park, and Woodbine. Each of the three nurses was presented with a writing case and a diary from the association.

A new departure of the association has been the publishing of a little magazine, a little, friendly, family, home-made affair, which claims Miss Enid Forsythe as its editor and Miss Marjory Gardner as its business manager. These nurses are to be congratulated on their work, for, while the little paper may be characterized as home-made, it bears the earmarks of the professional magazine of the highest type and is brimful of good things from cover to cover.

During the absence of Miss Regan from St. Joseph's Hospital, Port Arthur, the Training School will be in charge of Sister Frances, while the operating room will be in charge of Sister Veronica.

Graduating exercises will be held early in July at St. Joseph's Hospital, Port Arthur, when seven nurses will receive their diplomas and medals.

On the 27th of May ten nurses were graduated from Youville Training School, in connection with Ottawa General Hospital. The hall of the school was filled with friends of the institution and the nurses, including members of the Roman Catholic Clergy and of the medical profession. Dr. Chevrier, as chairman of the medical board of the hospital, presided and delivered an impressive address, as did also Dr. R. E. Valin, Rev. Father Philip C. Harris and Rev. Canon Plantin. The room was adorned with the flowers which had been presented to the members of the graduating class by their friends. At the conclusion of the exercises tea was served on the lawn. The nurses who graduated were: Rev. Sister Acyndine, Ottawa; Misses Helen Gleeson, K. Neirns, Anna M. Delaney, Maimie O'Neill, Corinne Grison, Agnes I. Smith, all of Ottawa; K. Hurley, Vankleek Hill; K. Dunne, Chelsea, Que., and M. Griffin, Calumet Island, Quebec. Miss Smith was awarded the special prize, a gold medal, donated by Dr. J. L. Chabot, for the highest percentage. She gave the Valedictory address, paying a tribute of devotion and esteem to the teaching staff for preparing this year's graduates for broader fields of activity. Dr. Chevrier presented the diplomas, and the class pins were attached by Mrs. M. J. Gorman. Dr. Chevrier, in his address, referred to the great world war. He was proud to tell that graduates from the Youville School were among the first to offer their services to the Empire. At present thirteen from this institution are connected with the Army Medical Service. They are as follows: Misses Riordan. Hoctor, Whaelan, Brankin, Turcotte, McElroy, Galbraith, Donnelly, Groves, McDermott, Blais, and Leamy.

A delightfully arranged tea was given at the club rooms on Fourth Avenue by the Ottawa Graduate Nurses' Association, in honor of the visiting nursing sisters who are gathered here and will leave shortly for the Front. About seventy-five nurses were present and were received by Mrs. J. L. Potter, wife of Surgeon-Major Potter, in the absence of the President, Mrs. E. E. Harris, who was unable to be present until late in the afternoon. At the tea table, which was prettily arranged with pink snapdragon, Mrs. H. C. Church and Mrs. T. T. Hawkins presided. Mrs. C. T. Ballantyne served the ices, and the assistants included Misses Argue, Walker, Kerr, O'Reilly, O'Connor, Surtees, and Russell.

The graduation exercises of Amasa Wood Hospital, St. Thomas, took place in the auditorium of the Collegiate Institute, on the evening of May 17, 1915. Six nurses received their diplomas—Misses Florence McKelvie, Blanche I. Nichol, Jean Knight, Anna I. Smith, Eva Perley,

and Elva M. Wardell. Addresses were given by the chairman, Mayor Johnson, Rev. N. H. McGillivray, and Dr. Warner. Dr. D. A. McKillop addressed the class; Dr. Cornett administered the Nightingale Pledge and presented the diplomas and mdals. Selections by the Masonic Quartette, the Collegiate Orchestra, and solos by Mrs. R. Hindley, Miss Marjorie Miller, and Mr. Colin McKenzie made the programme very enjoyable.

The graduating exercises of the Lady Stanley Institute Training School of the Protestant General Hospital, Ottawa, took place on the afternoon of May 28th, 1915, when the following fifteen nurses received their school pins and diplomas: Misses Mabel McKercher, Anna Ethel Denison, Lorena Dorothy Beeford, Lillian Porteous, Beatrice R. Hume, Lillian Ferguson, Hilda Kate Allan, Mabel Lillian McOry, Emily Elizabeth Hunt, Mrs. Mary J. Code-Wilson, Misses Christina Nixon, Mary Tempest, Annie MacLean, Flora C. Idington, Matilda Zina May Wallace. The prizes consisted of kits, and were won by Mrs. Wilson and Miss Idington, each having obtained an average of 93 per cent. on the three years' subjects. Refreshments were served on the lawn by the Ladies' Auxiliary of the hospital. The class was entertained in the evening by Mrs. Idington to a theatre party and supper following, in her home. The nurses received flowers in profusion from their well-wishers and friends. The Institute was beautifully decorated and the day clear and beautiful. The music was furnished by the Governor-General's Guards Band.

Miss Mabel McKercher, 1915 graduate of the Lady Stanley Institute, Ottawa, has accepted the position of operating room charge nurse in the Sewickley Valley Hospital, Sewickley, Pa., U.S.A., and left Ottawa May 29th for that place.

The Lady Stanley Institute pupil nurses have contributed fifty dollars to the Red Cross Society, for a bed in a convalescent home in Canada for the care of soldiers.

London: The Victoria Hospital Alumnae Association held its annual meeting on Thursday evening, May 13th. The following officers were elected: President, Miss A. MacDougal; Vice-President, Miss McVicar; Secretary-Treasurer, Miss L. Whiting. Miss MacDougal, the newly-elected President, took the chair and delivered an able address. The monthly meetings, being discontinued for the summer months, the next meeting will be held in October. The Alumnae then adjourned to the Nurses' Home, where they were entertained by the trustees, officers and class of 1915.

The class of 1915, Victoria Hospital Training School for Nurses, held the graduating exercises at the Normal School on the afternoon of May 12th. Dr. Hodley Williams delivered the address to the graduates, which was very pleasing and instructive. Rev. Dr. McGregor also addressed the class.

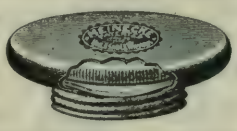
Why You Should Buy the Meinecke Ice Bags

1—The Nurse Cannot Lose the Washer. Each Bag is fitted with our Patented Unlosable Washer.

2—The Pleats give them a larger capacity.

3—Every Ice Bag is Guaranteed for One Year from date of purchase against all defects of manufacture.

Enlarged View of Screw Cap with Unlosable Washer, showing how the Regular Flat Ring Washer is kept in place by the Maroon Rubber Cap and cannot drop off and become lost.
Washer Patented January 23, 1906



The Most Durable Ice Bags Made

"Progress" Oblong Ice Bag

Made of Cloth-Inserted Maroon Rubber

One Size Only, 7 x 11 inches

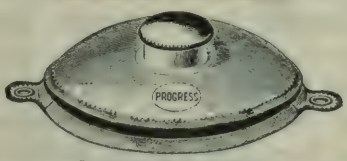
Patent Nos. 680,610 and 810,784

For wearing qualities this Bag cannot be equalled and it is, without exception, the finest Ice Cap made for heavy hospital usage. Its shape makes it suitable for applying to any part of the body, while the pleats or fold gives it a large bottom surface.

"Progress" Round Ice Bag

Made of Cloth-Inserted Maroon Rubber

One Size only, 9 inches Diameter



Patent Nos 680,610 and 810,784

This bag is similar in construction to the "Progress" Oblong Ice Bag described above, the only difference being that this is a little smaller and round in shape.

"Perfection" Ice Bags

Upper Part Made of Cloth-Inserted Maroon Rubber, and Lower Part of All-Rubber Stock

Three Sizes, Small, Medium and Large

Patent Nos. 660,014 and 810,784

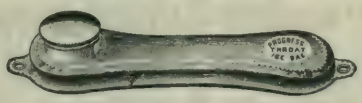
The "Perfection" holds more ice than other bags. The box-like pleats permit it to assume a square shape when filled, thus allowing the bottom surface to lie flat when in use.

Small Size, 5 x 9 inches
Medium Size, 6 x 11 "
Large Size, 7 x 13 "

"Progress" Throat Ice Bags

Made of Cloth-Inserted Maroon Rubber

Two Sizes, Small and Large



Patent Nos 680,610 and 810,784

Small Size, 10 inches long
Large Size, 12 " "

"Army and Navy" Combination Ice Bag and Helmet

Made of Cloth-Inserted Maroon Rubber

Fig 1

Fig 2

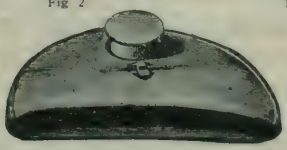


Fig 3

Fig. 1 shows how the Helmet may be flattened out to form a Regular Round Ice Bag. Fig. 2 shows the Bag folded into Helmet shape. Fig. 3 shows how the ice may be centered over the base of the brain. The loops on the Bag make it easily tied to the head.

Large Size, 12½ inches in diameter; Small Size, 10 inches in diameter

Write for our Special Wholesale Prices to Hospitals

Meinecke & Co., 66-68-70 Park Place, New York

Victoria Hospital continues to be in a prosperous condition, and under the able management of the Hospital Trust and the Superintendents and staff, doctors and nurses, largely patronized and appreciated.

The following are the names of the 1915 class: Helen Brydon, Laura Georgina Carrothers, Marguerite Lawrence Douglass, Frances Harriet Fisher, Mabel Florence Ferguson, Mary Isabel Forsyth, Bessie Viola Graham, Elsie Emma Garfat, Elspy Jean Haygarth, Bertha Irene Harris, Mary Morcom Hodge, Edith M. Johnston, Etta MacKinnon, Ruby Grace McCaul, Edith McCausland, Sarah Isabella Mason, Annie Gertrude Paynter, Hannah Rinn, Helen Jean Rutherford, Vera Robb, Marion Georgina Soutar, Laura May Thompson, Alice Gertrude Turner, Josie Eugenia Walker, Freda Geraldine Wood, Grace Elizabeth Wood, Stella E. Winnett, Katharine Maude Macdonald.

The St. Michael's Hospital Training School for Nurses held the graduating exercises for the 1915 class on May 10th in the lecture room of the hospital. Dr. R. J. Dwyer presided and gave a splendid address. The diplomas and medals were presented by His Grace, Most Reverend Archbishop McNeil, after which he said a few kind words to the nurses, congratulating them on their choice of a vocation. The other speakers were: Bishop Power, of Newfoundland; Dr. Edmund King, Reverend Dean Harris, and Reverend Father Klein. The graduates are: Lillian Baker, Alice Cosgriff, Pauline Coffy, Irene Condon, Laura Cassidy, Katherine Clarkson, Matilda Desmond, Julia Egli, Gertrude Egan, Rowena Fallis, Louise Gignac, Nan Gartlan, Bertha Gibbons, Annie Hayes, Helena Lunn, Julia Mannim, Julia Montgomery, Alice Murphy, Teresa Marrin, Katherine Mogan, Lucy McCurdy, Ethel McCallum, Elizabeth McKinnon, Helen G. O'Connor, Nora O'Donoghue, Katherine O'Brien, Evelyn O'Donnell, Monica Shannon, Mary Walsh. Refreshments were served in the nurses' dining room, which was prettily decorated with flags and flowers.

Miss J. B. O'Connor has retired from the position of Head Nurse at St. Michael's Hospital, and will be succeeded by a nurse in the community. Miss O'Connor will be greatly missed, having held the position for nearly six years. The doctors of the staff testified to their appreciation of her untiring interest in their work by presenting her with a complete set of silver toilet and manicure articles and also a fitted club bag. The Sisters of the hospital gave a beautiful picture, a reproduction of the "Age of Innocence," and the graduating class followed with a pearl and gold handled umbrella. Miss O'Connor will leave town in a few weeks for a long holiday.

The annual meeting of the Kingston General Hospital Alumnae Association was held on Tuesday afternoon, May 25th, the President, Mrs. Nicholl, in the chair. Reports showed that we now have fifty-three members, an increase of eleven over the previous year.

A Message To Every Canadian Nurse

When you read of "Cereal Infant Foods", Malted Foods, and Infant Foods requiring the *addition* of milk, you realize the contrast between these goods and

Glaxo

The Food That "Builds Bonnie Babies"

Being in itself pure milk (with sufficient added cream and lactose to bring it up to the ideal standard of babies' *natural* sustenance) Glaxo is in a class by itself.

Glaxo is made in New Zealand, the finest dairy country in the world, and is prepared for use in a moment by the addition of hot water. It *cannot be wrongly used by your patient.* There is satisfaction for you in this.

Glaxo is also a splendid restorative in convalescence after operations, and for use wherever the digestive organs are weak.

A sample will be sent to any nurse mentioning this paper.

Glaxo

CANADIAN OFFICE

418 Dominion Bank Bldg., Toronto

Last November a Kingston Chapter of the Graduate Nurses Association of Ontario was organized. Any graduate nurse may join its ranks. The election of officers resulted as follows: Honorary President, Miss Claudia Boskill; President, Mrs. Geo. Nicholl; 1st Vice-President, Mrs. W. J. Crothers, Jr.; 2nd Vice-President, Miss Emily Baker; Secretary-Treasurer, Mrs. S. T. Campbell; Assistant Secretary, Miss Annie Gibson; Corresponding Secretary, Miss Anna Hiscock.

The regular meeting of the Kingston Chapter of the Graduate Nurses' Association of Ontario was held Tuesday afternoon, June 1st. It was decided to have a garden party on June 30th, the proceeds to go to No. 5 Stationary Hospital, France.

A number of our graduates have taken hospital positions recently: Miss McRae, class '12, Matron of Irene Cottage Hospital, Peace River Crossing, Alta.; Miss York, class '11, Supervisor in the City Hospital, Blackwell's Island, N.Y.; Miss Allen, class '13, Assistant Superintendent General Hospital, Chatham, Ont.; Miss Rolston, class '14, Assistant Superintendent General Hospital, Brockville, Ont.; Miss Coulter, class '14, Night Superintendent Jewish Hospital, Cincinnati, Ohio.

Miss Service, of Toronto, left the Royal Bath Hospital, Harrogate, a few weeks ago, for Brighton, to get a much-needed rest before taking her place on the staff of the King George Hospital. Thursday, May 20th was the opening day of the K. G. H.

"English people are very proud of the good work of the Canadian soldiers, and I am sure Canada will be proud of her sons."

"The Canadian nurses have just arrived here, looking very smart in their blue military coats with gold buttons."

"—the Canadian Women's Motor Ambulance in Brighton is always busy doing good work." (Extracts from letter of May 13th, London.)

Miss Hazel Franks, graduate of the Hospital for Sick Children, Toronto, class '12, and Miss Dorothy Reade, class '13, sailed on May 29, 1915, for Shorncliffe, England, where they will enter the Queen's Canadian Military Hospital as staff nurses.

Miss Mabel McNeil, graduate H. S. C., Toronto, class '08, has taken charge of the Infants' Department of the hospital for the summer months.

The members of Grace Hospital Alumnae, Toronto, met at the home of Miss Segsworth, 6 Rosedale Road, April 17th, for tea, in honor of our four graduates, Miss Oatman, Miss Stagg, Miss Cummings, and Miss Craddock, who are among those who have offered their services with the University Base Hospital. A fountain pen was presented to each by the Superintendent of the school, Miss Rowan.

We are pleased to know that Miss Lily Smith, ex-President of Grace Hospital Alumnae, is convalescing after a recent illness.

If you want a Uniform which is smart, durable and comfortable, go to your nearest dealer, *ask for and get a*

La Mode

UNIFORM

Only first class materials and workmanship are employed in making *La Mode* Uniforms. They wear out—BUT they take their time about it.

Ask for La Mode and accept no other.

If your dealer cannot supply you, write for Booklet C. showing other models.

MADE UNDER CLEAN AND HEALTHFUL CONDITIONS — NATIONAL CONSUMERS LEAGUE — USE OF LABEL AUTHORIZED AFTER INVESTIGATION — LICENSE No. 132

Of white linen finished Cambric
Price $3.00

HAYS & GREEN, 352 Fourth Ave., New York

Obstetric Nursing

The Chicago Lying-in Hospital offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training, and a six-months' post-graduate course to nurses who are graduates of training schools connected with hospitals for the insane and sanitariums giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of training schools associated with general hospitals and a six-months' course to pupils of training schools associated with hospitals for the insane or sanitariums.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

Address

Chicago Lying-in Hospital and Dispensary

5038 Vincennes Ave Chicago

The next meeting of Grace Hospital Alumnae will be held at Miss Segsworth's home on Centre Island.

The new Smallpox Hospital at Brantford was opened on May 11, 1915, and was inspected by the Buildings and Grounds Committee of the City Council and the members of the Board of Health.

Quebec

Montreal General Hospital Alumnae Association: Miss K. M. Wilson, M.G.H., '11, has returned from a two weeks' visit with Mrs. (Rev.) C. E. Clark (nee K. Smith, M.G.H., '11), of Coldwater, Ont.

Among the fifty nurses from all over Canada who are mobilizing in Montreal for overseas duty are five from this city, two M.G.H. graduates, Misses Mildred Forbes and Laura Holland, 47 St. Mark St. This company of nurses are obtaining their uniforms here, and also being inoculated against typhoid and smallpox. Upon arrival in England they will report first at Shorncliffe Hospital, and from there will be sent to base hospitals in England or general hospitals in France.

A cable from Boulogne, France, stated that Miss Clara Gass (one of our nurses of the McGill Unit) was there, nine days after landing in England.

Miss Constance Stuart, one of the McGill nurses, was unable to go with the Unit, owing to illness, but sailed for France a few days later.

The McGill Unit sailed on May 6th, and landed at Plymouth on May 15th, by C.P.R. S.S. Metagama. Accompanying them were the Laval and Queen's Units, and 21st Battalion, from Kingston, Ont. In a letter received from one of our graduates, written on the way over, are some items of interest. Quite a rough passage was experienced with wind and rain a great deal of the time. Many icebergs were seen, as many as eight or ten at one time. One Sabbath was spent on board, and two services were conducted by the Chaplain of the 21st Battalion, early service in the drawing room and mid-day service on deck. In spite of the fact that nurses were advised before embarking that mufti would be allowed on board ship, dress uniforms were the order of the day, and each morning the nurses were lined up on deck for inspection by Col. Birkett and staff.

A mock court-martial was held by the 21st on deck. One of their number was accused of winning twenty dollars at pool against rules. A guard of nurses was formed, the prisoner marched on deck before their Colonel. After the usual routine and many funny remarks, he was found guilty and condemned to spend twenty dollars in chocolates for the nurses, which he did.

About half-way across was sighted a ship flying the French flag, which signaled to stop, but no answer was given. Then they tried to

STANDARD Floor Dressing

insures hospitals against the dust evil. It is sanitary because it holds down the dust on the floor and kills the germs which the dust contains. Standard Floor Dressing preserves the floors; it penetrates and fills the pores of the wood and keeps out dust and dirt. It is economical; one gallon will cover from 500 to 700 square feet of floor. Standard Floor Dressing greatly improves the appearance of the floor and prevents it from warping and cracking. For prices and any further information, address our nearest office.

THE IMPERIAL OIL COMPANY
Limited

BRANCHES IN ALL CITIES

Made in Canada

cut across the course of the Metagama, evidently for the purpose of identifying, but the Captain, who stated he was deaf and dumb on that trip, changed the course and was soon out of sight. As they neared the danger zone they had a lifebelt drill and definite instructions in case of emergency (as the reports of the Lusitania had been with them during the whole voyage). The 6th Field Guns, belonging to the 21st Battalion, were brought up and put on upper deck. Coming in sight of the coast of Ireland in the evening, the portholes were darkened and no one allowed on deck after dinner. But when darkness prevailed all went up again, and while watching a cruiser in the distance it began to signal with lights, and continued about five minutes, and the Metagama answered. Then six cruisers appeared on the horizon, and later five torpedo boat destroyers, encircling the former ship, all passing near the coast of France, and then taking a zigzag course to England, landing at Plymouth, and from the latter place by train to London, stopping at the Premier Hotel, on Russell Square, for a few days; then to Shorncliffe; then to France, where they were distributed to British hospitals until settled in their own.

The May monthly meeting of the M.G.H.A.A. was held in the S.O.R. of the hospital.

Dr. Von Eberts, one of the surgeons on the hospital staff, performed two operations in the presence of the nurses, which proved very interesting indeed. One operation was resection of rib for empyema, by local anaesthesia, and a negative tension drainage apparatus was applied. The other operation was on a chronic pulmonary tuberculosis with cavity, in which artificial pneumothorax was induced by injections of nitrogen gas into pleural cavity.

Miss A. M. Day, M.G.H., '11, 455 Clarmont Ave., Westmount, is taking a one month's military training at Quebec.

Fifty additional nurses for overseas expeditionary forces mobilized at Montreal during later weeks of May and sailed on June 3rd. Miss Mildred Foster, Montreal, acting Matron-in-Chief: Miss Cookson, Victoria, B.C.; Misses Jukes, Aitken, Cameron, and Templeman, Vancouver, B.C.; Miss Millett, Revelstoke, B.C.; Miss Beatty, Calgary, Alta.; Miss Taylor, Medicine Hat, Alta.; Miss Walker, Minnedosa, Man.; Miss Mowat, Brandon, Man.; Misses Whittick, Bell, and McLean, Winnipeg, Man.; Miss Murton, Portage la Prairie, Man.; Misses McKenzie, Latimer, Refoy, and Hamilton, Ottawa, Ont.; Miss Maguire, London, Ont.; Miss Whelan, Renfrew, Ont.; Miss Regan, Port Arthur, Ont.; Miss Telford, St. Mary's, Ont.; Misses Groves, McDermott, Watson, Ottawa, Ont.; Miss Code, Perth, Ont.; Misses McLaughlin, Campbell, Brady, Ottawa, Ont.; Miss Gregory, Toronto, Ont.; Miss Morrice, Belleville, Ont.; Miss Seely, Ingersoll, Ont.; Misses Holland, Forbes, DeLacey, Montreal, Que.; Miss Lamplough, Quebec City; Miss Reynor,

THIS is only one of the many exceptionally attractive models which you can buy—ready to wear—in

Dix-Make UNIFORMS

Made with loving care in model workrooms. Sold by department stores all over the country.

Model illustrates style No. 662 at $4.00 of White Dixie Cloth; hemstitched collar, cuffs and pockets. Opens all way down.

Write for catalogue of other styles and names of dealers who sell them.

Look for our label

[Dix-Make Uniforms were officially chosen by the American Red Cross.]

HENRY A. DIX & SONS COMPANY
Dept. B. Dix Building, New York

662
$4.00

Warm weather emphasizes the luxurious necessity of

NA-DRU-CO. Royal Rose Talcum Powder

It mitigates the discomfort of sticky summer days and nights, and makes life pleasanter for nurse as well as patient. Not the least of its charms is its true odor of American Beauty Roses.

25c a tin—At your Druggist's

233

National Drug & Chemical Co. of Canada, Ltd., Montreal

Montreal, Que.; Miss Ruddick, Wakefield; Miss Stamess, St. John, N.B.; Miss Barton, Moncton, N.B.; Miss Floyd, Barnesville, N.B.; Miss Moody, St. John, N.B.; Miss Manning, New Glasgow, N.S.; Miss Howard, Sydney Mines, N.S.; Miss Macdonald, Halifax, N.S.; Miss Bennie, Rockhead, N.S.; Miss Simpson, Regina, Sask.; Miss Best, Regina, Sask.; Miss Fearon, Bass River, N.B.; Miss Mitchell, Winnipeg, Manitoba.

New Brunswick

The regular monthly meeting of the New Brunswick Graduate Nurses' Association was held on Monday, May 10th, at Miss Hegan's Private Hospital. Routine business only was transacted.

Several more of our nurses who volunteered for overseas service have left for the Front.

Miss M. G. Williams and Miss Allie Burns, who were in Amherst, N.S., for several months, returned to St. John recently.

Miss Agnes R. McKinney, one of our most popular nurses, was married in the Cathedral of the Immaculate Conception on Wednesday, June 2, to Mr. Daniel Joseph Corr. Their numerous friends extend to Mr. and Mrs. Corr their best wishes and heartiest congratulations.

Absolutely Pure and Delicious

An ideal beverage, of high grade and great nutritive value.

MADE IN CANADA BY

Walter Baker & Co. Limited

Established 1780

Montreal, Can. Dorchester, Mass.

School of Medical Gymnastics and Massage

61 East 86th St., New York, N.Y.

POST-GRADUATE COUPSE

A. Practical: Swedish Movements, Orthopedic Gymnastics, Baking, Manual and Vibratory Massage.

B. Theoretical: Lectures on Anatomy, Physiology, essential parts of Pathology, etc.

All communications should be directed to

Gudrun Friis-Holm, M.D.

Instructor in Massage at the following Hospitals: Roosevelt, St. Luke, New York, New York Post-Graduate, Bellevue, and others.

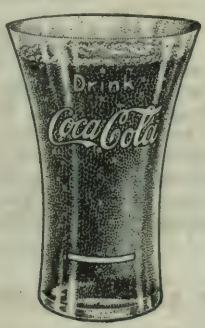
IN ALL THE WORLD there is no other thumb that can make this print. There may be thumbs that look like it—but there's no thumb that can make the same *impression.*

In all the world there is no beverage that can successfully imitate

Coca-Cola

There may be beverages that are made to look like it—but there is no beverage that can make the same delightful *impression* on the palate.

Whenever you see an Arrow, think of Coca-Cola.



Just as hypocrisy is a tribute to morality; and as the "Patent Medicine" is a tribute to the medical profession, so are attempted imitations an acknowledgment of the deliciousness of that wholesome beverage—Coca-Cola.

Let us send you our latest interesting Coca-Cola booklet

THE COCA-COLA COMPANY
TORONTO, ONT.

2-M

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President. Miss L. Galbraith, corner Shaw and Irene St.

Treasurer, Mrs. Canniff, 77 St. Clair Ave. East.

Recording Secretary, Miss Grace Gowans, 5 Dupont St.

Corresponding Secretary, Miss E. C. Anderson.

Conveners of Committees—General Business, Miss Ewing, Miss J. Hamilton; Sick Visiting, Miss I. Gray, 67 Balmoral Ave., Miss M. Ellerington, 159 Cumberland St.

Press Representative and "The Canadian Nurse" Representative, Miss Burwash; Representatives on Central Registry Committee, Miss L. Teeter, Miss Barnhart; Sick Visiting, Mrs. Clutterbuck, Misses Ewing, Jamieson and Cameron.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. Geo. Valentine, 55 Lakeview Ave; Treasurer, Mrs. MacLean, 702 Euclid Ave.

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooke.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Smith, 596 Sherbourne Street; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper, Cummings and Bradshaw.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss Cradock; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Wednesday, 3 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO.

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Piggott, Riverdale Hospital; Treasurer, Miss Rogers, Riverdale Hospital.

Executive Committee—Misses Argue, Murphy, Scott, Nicols and Honey.

Conveners of Committees—Sick Visiting, Miss Murphy; Program, Miss Edith Scott.

Representatives on Central Registry Committee—Misses Argue and McPhayden.

Representative "The Canadian Nurse"—Miss McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA.

President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss H. Sykes, 753 Wolseley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolseley Ave.; Treasurer, Miss J. Tracy, 244 Arlington Street.

Conveners of Committees: Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolseley Ave.

Regular Monthly Meeting—Second Thursday at 3 p.m.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Summer Class opens July 6, 1915

Fall Class opens Sept. 22, 1915

Duration of term four months

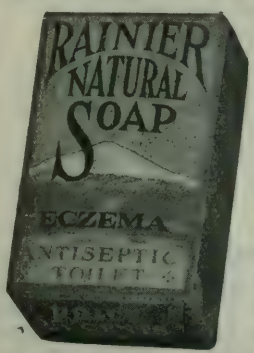
Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.

MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.



It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY

Buffalo, N.Y.

MALTINE

With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY

88 Wellington St. West, TORONTO

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss A. MacDougal; Vice-President, Miss McVicar; Secretary-Treasurer, Miss L. Whiting.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 St. Alban St.; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss Margaret Cameron, 69 Breadalbane Street.

Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, AUGUST, 1915. No. 8

THE NURSE AND HER TRAINING SCHOOL

By V. L. Winslow

Superintendent General Hospital, Medicine Hat, Alta.

My subject is a very tremendous one and I do not hope to be able to more than touch on it, and that very lightly.

Training schools vary greatly as to size, work, instruction given, etc., but, after all, the size, type or situation of the training school does not count so very much unless its faults are very extreme, if it comes within the recognized standard of three years' training, and includes medical, surgical, and obstetrical work. There is no reason why a nurse should not be as well taught in a comparatively small hospital as in the very largest. Typhoid fever in the smallest town in Alberta bears a very strong resemblance to the same disease in Montreal or New York, and the patient suffering from it requires the best possible type of nursing, no matter whether he is in the smallest shack out on the prairie or in a millionaire's home in one of our large cities—and the nurse worth while is not going to make any difference either. Likewise in an operative case the same careful observance of technique must be exercised, no matter where the operation is performed. Of course, it matters much as to whether or not the instruction given in a training school is of the best, so in that respect the onus of responsibility on those of us who elect to do institutional work is very great. However, good textbooks are available to every hospital, and it is generally found that the best medical men in any city or town are those who particularly identify themselves with the hospitals and are most willing to lecture and give clinical instruction to the nurses, and in that way give valuable assistance to the training school. The Superintendent of Nurses and her staff must, of course, be responsible for the teaching of practical nursing.

On the nurse herself very largely depends the kind of training she receives and how much she profits from it. In the first place, she must be of the right type, or no amount of training will make her into a real nurse. If I were asked what I consider the first qualification of a good nurse I should say—conscientiousness. Without that no amount of ability avails, and in nothing else perhaps is there so much

scope for doing good or for doing wrong, as in the care of the sick. When a nurse leaves her training school it is not what she has seen, the number of lectures taken, or the size of the training school that counts, it is just what she can do and what she knows. So, if a nurse is conscientious, she enters her training school with the idea of learning day by day the best methods of nursing, in order that she may care for the sick intelligently and well, and be of assistance, not a hindrance, to the doctor in his work. This is the ideal type of woman for our work. Unfortunately, many women enter and even go through good training schools with the idea of putting in three years and then making money enough to live on, or of having a good time, or because they think that "nursing is so interesting." These and even more sordid reasons send many women to our training schools, and when you meet some of them after they have graduated and are no longer controlled by the supervision of the hospital staff, you have no difficulty in realizing quite fully just what their object must have been.

Be loyal to your training school. By this I do not mean to forever hold it up as a model to the rest of the world and make odious comparisons, etc. The truest type of loyalty consists in doing our very best always, in order that we may reflect credit, not discredit, on our teaching. How few nurses realize that each individual one of them helps to make or mar the success of her training school, not only while in training but after graduation. We all know that if we meet a nurse from a certain hospital who does good work, we always think favorably of that hospital afterwards, and vice versa if her work is poor. One unscrupulous nurse can do more harm than fifty good nurses can undo.

The graduate nurse should never lose sight of the fact that in order to do good work she must keep up with the progress which nursing is making each year, hand in hand with the advancement of medical science.

Most of us have realized that when we finished our training we were only just beginning, as it were, to know a very little of our chosen work. So do not remain in the year in which you graduated, so far as your knowledge of nursing is concerned. If you are doing institutional work it is perhaps easier to progress along with the work, but a private nurse can keep herself well informed by means of the splendid textbooks which are constantly being prepared and revised by the foremost authorities on nursing, and there are many very excellent nursing journals from which one may profit very greatly. The nurse who neglects to read or study is apt to fall far short. For instance, if a nurse who graduated eight or ten years ago, or even much later, were content to follow the methods taught then, and appeared in one of our operating rooms with her patient swathed in wet bichloride towels—

incidentally, after having kept that same patient awake most of the night with much scrubbing and bandaging—she would be met with a very chilly reception from the nurse in charge of the operating room and no doubt a very stormy one from the surgeon. Many similar things convince one of the necessity of constant reading and study in order that our work may be what it should be.

We should never lose sight of the fact that the patient is the first consideration always. It is because of the patient that our profession exists and that hospitals are maintained. Whatever we do should be done in his interest. Do not read or study with the idea only of gaining more knowledge, but rather in order that by so doing you are going to be better able to relieve suffering and help the weak and afflicted on towards strength or to make life just a little more bearable for those whose days are numbered. The greatest calamity that can befall a nurse is the time when she comes to regard her patients as so many subjects, in short, treats them as so many beds, and seems to lose sight of the fact that each patient is a human being with his or her own individuality—and that very often warped and twisted by pain and suffering.

New fields of work are being constantly opened to the trained nurse, each with unlimited opportunities for the nurse who is worth while to do good and help to keep nursing in the high place to which it belongs. A very favorite quotation of mine is from a lecture given by a New York professor to his medical students, in which he said: "No man should be so good as a doctor, not even a clergyman," and so it should be with a nurse—no woman should be better.

None of us ever attain our ideals, but the higher we make those ideals the better will be the type of our work.

ADDRESS*

As the medical representative of the Calgary Hospitals' Board, it is my privilege to extend to you our warmest congratulations upon successfully passing the examinations which admit you to the honorable profession of Trained Nurses, and to wish you boundless success and happiness in your chosen calling. You must not, however, for one moment imagine that examinations are the end of all things. On the contrary, in your case, they constitute the very beginnings, nor does the ability to pass examinations necessarily ensure your success in the work you have undertaken.

The diploma which, later in the evening, will be presented to each one of you, and which you are to keep unsullied before the world, is

*Address given by Dr. R. B. Deane to the members of the graduating class of 1915, Calgary General Hospital.

simply the passport to enable you to enter, in an official capacity, the portals opening up before you the vast avenues of human suffering and misery, and to add your quota to their alleviation. I can conceive of no calling nobler both in its aims and achievements, but trying at times you will certainly find it, both upon mind and body. We, the people of to-day, with all our steam and electricity, have become accustomed to so many refinements that tend to make life more bearable and agreeable that at last we seem to regard them as ours, by some Divine Right, quite forgetting that the biggest shrine our forefathers could make was no larger than that emitted by a farthing rushlight. So in your profession we are apt to forget that the Trained Nurse is a boon to mankind, that only comparatively recent years have brought forth. Sixty years ago and less the word "Nurse" implied a person of the Sairy Gamp type, immortalized by Charles Dickens in Martin Chuzzlewit, whose chief accomplishments appear to have been an insatiable appetite for pickled salmon, "cowcumbers" and grog, by means of which she fortified herself to keep the lonely vigils of the night when on duty. We are told that this Mrs. Gamp was a "fat old woman, with a husky voice and a moist eye, which she had a remarkable power of turning up and only showing the white of it, and she herself having very little neck it cost her some trouble to look over herself, if one may say so, at those to whom she talked." When going on a case, whether a lying-in or a laying out, she arrayed herself in bonnet and shawl, carried a large bundle with her, a pair of pattens, and a species of gig umbrella, the latter article in color like a faded leaf, except where a circular patch of a lively blue had been dexterously let in at the top, the whole garnished with an occasional hiccough and a fragrance strongly suggestive of wine value. Such is a pen picture of the class of person to whom the care of the sick was frequently relegated when a Levana arose in the form of Florence Nightingale. This self-sacrificing woman, born in 1823, died full of years and honors at the age of 90, in 1913, and to whom a memorial was recently unveiled in London. This is the first public statue erected to any woman not of royal birth. Florence Nightingale was reared in the lap of luxury of an English aristocracy, and being struck by the utter inadequacy of the nursing then in vogue and by the usually brutal ignorance of the attendants, set about to remedy it. At this period nursing was considered a menial occupation and was commonly in the hands of uneducated coarse women of too often unsteady habits. Florence Nightingale, at the age of 26, recognizing her own technical unfitness for the task before her, began by taking a training, and as there was no place of training in England she went abroad to a small school started by a certain Pastor Fleidner, at Kaiserswerth, on the Rhine. This school, crude and primitive as it was, with but a six months

course, afforded the only advantages of which this brilliant woman could avail herself. Upon her return to England, she soon became the recognized head of Trained Nursing, and began the establishment of schools in various parts of Great Britain. Following the outbreak of the Crimean War, the mortality bills were running so high, largely due to lack of nursing, combined with meagre and inadequate hospital facilities, that the Secretary of War, Sidney Herbert, invited Miss Nightingale's help. She had offered her services, and with some thirty-four of her own nurses left England for war duty. These noble-hearted women, upon their arrival at the Crimea, found 4,000 soldiers, maimed and diseased, packed like sardines in foul buildings dignified by the name of hospital, with no provision for affording even suitable nourishment or a change of bedding, yet in a very short space of time Miss Nightingale so systematized the care of the sick that the death rate fell from the hideous percentage of sixty to but one per cent. Some years later she instituted trained nursing in Canada, by sending out to the Montreal General Hospital four of her nurses from St. Thomas' Hospital, London, and at least one of these original nurses is still alive, as I happen to know. So much for indomitable energy and steadfastness of purpose, which, if you cannot equal, you can at least strive to imitate.

Though it is but a short space in time, it is a far cry from the viewpoint of culture and efficiency, from Mrs. Gamp to the members of this graduating class, but as the status of the nurses has improved so have your responsibilities increased. More is expected of you, so that to prove successful, you will find that nothing short of your best and continued effort will satisfy either patient or doctor.

While I could not essay to cast your individual horoscope, and, indeed, would not if I could, still, as I look at you this evening, I realize with regret that Dame Fortune is going to accord you unequal favors and to strew the paths of some with a more generous sprinkling of roses than that of others; but

> "Each in her separate star
> Shall draw the thing as she sees it
> For the God of things as they are."

I trust, however, that any unfavoring winds may strike softly upon you as a gentle summer's rain, stimulating you to a fuller, more vigorous growth, and may help you to learn, as Kipling says, to treat those two impostors, Triumph and Disaster, just the same.

What are some of the qualities which are going to help make you successful nurses? Taking for granted a good sound training and a uniformly clean and neat appearance, I would place first a sympathy of heart and hand such as woman alone can best display—nothing sloppy

or maudlin, if you please, but a fine womanly feeling of tender consideration. While we all know that a patient is nothing more than a "case" in the scientific, long-sighted eyes of the profession, it is just as well to remember that the invalid is a very "human case," and probably is subject to quite similar afferent and efferent impulses as yourself; although, of course, the patient could not trace as you can the course and distribution of the different nerves carrying these impulses, yet in his own dull fashion his sensorium will receive hazy impressions of the manner, for example, in which you give him his "sponge" or of the alacrity with which you get up in the night to moisten his parched lips. Even loud snoring, on your part, might be sufficient stimulus to set going quite vigorous efferent impulses, in a rather sick patient, if he were so thoughtless as to imagine that he required "nourishment."

Observation is a faculty that you must cultivate to the utmost. How often is it your lot to be the first to detect a sudden change in the temperature, an increased rate of the pulse with a difference in its character, haemorrhage, and the like signs, which may be omens of impending disaster unless promptly noted and reported; but short of abrupt change in the patient's condition the doctor has to depend to a large extent, for his knowledge of the progress of the case, upon the nurse's written observations on her chart. Hence you have the difficult role to fill of being persona grata to the physician as well as to the patient.

Having performed for the nonce your technical duties, if the patient is not in bad condition, you will possibly try to ascertain what form of "time-passing" is the most agreeable. Perchance it might be golden silence, if so, observe it; but it might be reading or perhaps conversation. If the latter, reflect that your patient is, by reason of his infirmity, tied to his bed and is quite incapable of making his escape, even should it be his desire, so be merciful.

When "pink tea" topics are exhausted, refrain from regaling him with detailed accounts of your last case, or with some of the harrowing illnesses you have either previously nursed or seen in hospital. Such recitations to some, indeed to many, have the luscious flavor of a wild strawberry, but to one already weakened by illness a conversation reeking of the gruesome details of nerve-racking injuries and of some of this world's leprosies is not that best calculated to infuse the air with cheerfulness, which it is important to foster in a sick room.

Cheerfulness, which good health normally carries and sickness does not forbid, is one of the best promoters of well being, and the patient soon takes his cue from the nurse. But mirth, which is rather an act, as opposed to cheerfulness, which is a habit of mind, has ordinarily no place in a sick room.

By cheerfulness I do not imply the adoption of an everlasting smile or a continual giggle, which are, to say the least, exhausting to both patient and attendant, but a quiet suffused pleasantry of general demeanor, which tends, like the genial sunshine, to permeate every nook and cranny and to dispel each darkening thought. As Addison expresses it, "Cheerfulness bears the same friendly regard to the mind as to the body. It banishes all anxious care and discontent, soothes and composes the passions, and keeps the soul in a perpetual calm." Consequently, a patient makes better progress in an atmosphere which inspires the serene hope to see "the best that glimmers through the worst."

While the confidence reposed in you will hardly be of the same sort as those stored away in the breast of the physician, at the same time you will learn plenty of secrets—be careful to treat them as such. Many a skeleton you will discover stowed snugly away in some sequestered closet, thick with dust and cobwebs and redolent of the somniferous poppy. Regard these ghostly remains tenderly and disturb them not! So it comes about that

Taciturnity—discreet silence—is one of your most essential attributes. "If thou hast heard a word, let it die with thee; and be bold, it will not burst thee," to borrow a quotation from the Apocrypha.

With your duty to your patient runs your parallel obligation of loyalty to the attending physician. You will not infrequently be called at his request, and he will often make a personal selection of the one whom he considers best suited for the particular case in hand, and, as a consequence, will rely very much upon your hearty co-operation. Beware of being inveigled into an adverse criticism of his diagnosis or treatment. Hearken not to the Sirens' Song! Recollect that you are merely called upon to nurse the sick and carry out your doctor's orders as intelligently as you can. The naming of the disease, if in the circumstances he should consider it wise, and the institution of remedial measures belong solely to the province of the doctor, and if with one or the other or even both you yourself may in your heart disagree, do not forget that from years of study the medical man is the one best qualified to judge, and that what you may consider to constitute the entire disease may be, after all, but a symptom, as the doctor knows, of a quite different ailment; and so in the treatment the widest variations are allowed, since it is absolutely necessary to first treat the patient and then the disease. But if sometimes doubt should arise, for now, as in the days of Hippocrates, the Father of Medicine, there are cases which prove experience fallacious and make judgment difficult, it is your duty to do all in your power, by a careful notation of symptoms during the doctor's absence, to help elucidate the problem.

The Science of Medicine and, consequently, that of our own pro-

fession, is ever moving onward, and to keep in touch with these advances the regular reading of some good nursing journal is necessary, as you will gradually find when left to your own resources that you have no means otherwise of ascertaining what new measures are being adopted in the care of the sick. It is for this reason that occasional post graduate work is so beneficial, by not alone introducing you to entirely new methods, but often pointing a new way of doing an old thing.

Last but not least, in order that your ideals may prove something more, in the words of Hazlett, an old English writer, than the "heavenly tints of fancy reflected in the bubbles that float upon the springtide of human life," I would urge you to pay particular attention to your health. Hygeia is a jealous goddess and will not brook repeated affront, and you will best placate her by so dividing your off hours that sleep merits its due proportion. It is not unusual to find nurses doing night duty who do not allow sufficient time to this, as Shakespeare calls it, "Great Nature's second course, chief nourisher in life's feast," but spend too much in recreation, till at last with the King in Henry IV. the wail goes up, "O sleep, O gentle sleep, Nature's soft nurse, how have I frighted thee, that thou no more will weigh my eyelids down and steep my senses in forgetfulness?" But in this respect a word to the wise is sufficient!

I do not wish to be understood as decrying recreation, which, on the all work and no play principle, is very essential, but do not let hours of refreshment shorten hours of rest. You remember in a healthy adult that the so-called or rather miscalled "unresting" heart, absolutely rests for more than 13 hours out of the 24, the time of rest being the diastole and the time of work the systole, so that anything which tends to shorten the heart's recuperative period can only react unfavorably to general bodily function.

It has been well said that: "Hygiene in its largest sense signifies rules for the perfect culture of mind as well as body. It is impossible to dissociate the two. The body is affected by every mental or moral action, and the mind is profoundly influenced by bodily conditions." So it was that the ancient Greeks, recognizing this correlation, had for their motto, "A sound mind in a sound body." Nature's greatest blessing!

It now only remains for me to wish you bon voyage on the seas you are about to sail, and even though your craft may not always float upon halcyon waters, be not dismayed, but keep a stout heart, a cool head, and an unconquerable resolution to do your duty, and you will then, at any rate, have the satisfaction of feeling that you have done your best to imitate the splendid example of your great prototype—Florence Nightingale.

1915 GRADUATION CLASS, HOLY CROSS HOSPITAL, CALGARY.

Top row--Misses M. Martin and M. Bolger.
Second row—Misses M. F. Noble, N. Dugal and M. F. Purdy.
Third row—Misses C. Ferguson and E. D. Taylor.

HUMORS OF SCHOOL NURSING

Sarah P—, whose face betrayed her ancient lineage, opened her tiny mouth, displaying a shocking condition of caries and general neglect, to say nothing of the emission of the unmistakable odor of garlic.

"Sarah, dear, did you brush your teeth this morning? Have you a toothbrush of your own?

"No," was the timid reply. "I haven't one of my own. Our boarder has one, but he keeps it to hisself."

Little Dan B— proudly held out his hands for examination, disclosing on the right hand that Nature had endowed him with two second phalanges to his thumb. The extraneous phalanx, while much smaller, was perfect, even to the tiny nail.

"Wouldn't you like to get rid of this, Dan? Don't you find it in your way?"

"No, I like it," he proudly replied. "My mother likes it, too. I got twenty-five cents once for having that." Nothing further was suggested of removing it.—E. McP.

TORONTO CENTRAL REGISTRY OF GRADUATE NURSES

To the Members of the Toronto Central Registry:

In view of so many of our members being absent abroad, and the very great call there is for aid financially in the great war struggle, it was decided by the members of the Central Registry Committee to dispense with the annual birthday party of the Toronto Central Registry for the year 1915. We feel quite sure that the members will acquiesce in the decision that the funds that would have been expended in a social evening be donated to the four Patriotic Funds, namely: The University Base Hospital, the Red Cross Society, the Belgian Relief, and the Secours National.

JEAN C. WARDELL, R.N.,
Convener Central Registry Committee.

THE TENTH ANNUAL REPORT OF THE CENTRAL REGISTRY OF GRADUATE NURSES

Madam President and Sister Nurses:

I have pleasure in presenting to-day the Tenth Annual Report of the Central Registry of Graduate Nurses, Toronto. The books closed June 1st, 1914, with a membership of 471. During the year 115 new members were added to our list and 26 rejoined, some of whom had been away for a number of years.

The following is a complete list of nurses up to date: Toronto General Hospital, 121; St. Michael's Hospital, 65; Grace Hospital, 47;

Toronto Western Hospital, 45; Hospital for Sick Children, 30; Riverdale Isolation Hospital, 20; St. John's Hospital, 9; Toronto Free Hospital for Consumptives, Weston, 1; Toronto Hospital for Incurables, 4; Orthopedic Hospital, 1; Dr. Meyer's Hospital, 1; graduates from Canadian hospitals situate outside Toronto, 37; American hospitals, 58; English nurses, 18; making a total of 456.

The calls for the year totalled 3,823. Of these 2,845 were personal. The largest number came in March with a total of 456, and the lowest in December with a total of 224. Last year there were 4,211 calls, showing a decrease this year of 388 calls. Ten patients received assistance from the Central Registry Extension Fund.

The past winter was an exceedingly trying one, the calls being short and far apart; this condition being chiefly due to the financial stringency.

As in former years, we have had quite a number of positions to fill, nurses having been sent, through the Registry, to Fitchburg, Massachusetts; New Orleans; Cobalt; Port Hope; Welland; Brantford; Penetang; and one is filling the position of Lady Superintendent in Nichols Memorial Hospital, Battle Creek, Mich. A number of our nurses have secured positions in Toronto.

We regret to say illness has not spared our members. At present, Miss Henderson, one of our committee, is at her home ill with typhoid. We trust she may soon be restored to health.

Two of our nurses were called from earthly trials and service, namely, Miss Elizabeth Norris, graduate Jeffery Hale Hospital, Quebec, and Miss Mary E. Jardine, Toronto General Hospital.

To those on whom the shadow of loneliness and sense of bereavement has fallen our sincere sympathy is extended.

Twenty-two of our members have been married since last annual meeting, and several weddings are to take place very soon.

Before closing, I wish to extend my sincere thanks to our convener and the members of the committee for their unfailing kindness and encouragement in our efforts to promote the work of the Registry.

It has indeed been a memorable year. We are facing a critical period in the history of our country. This barbarous war, in which some of the greatest nations of the world are engaged, the shadow of which still rests menacingly over our Empire and the civilized world, is causing untold misery and suffering, both at home and abroad. Our nurses quickly responded to the call for overseas service. Sixty-one members from the Central Registry were accepted. All who volunteered were not permitted to go, but they have the consolation of knowing they can also serve who remain at home.

Respectfully submitted,

MARGARET EWING, Registrar.

FINANCIAL STATEMENT

12 months ending May 31st, 1915

Receipts

Balances June 1st, 1914—			
Cash on hand		$ 16 30	
Savings account—Bank of Hamilton		1,467 05	
Current account—Dominion Bank		117 21	
			$1,600 56
Fees collected during year		2,390 00	
Sales of charts, temperature sheets, and receipt books (averaging $5.90 per month)		70 84	
Interest, savings acount to May 31st, 1915		44 26	
			2,505 10
			$4,105 66

Expenditures

Salaries of Registrar and Assistants		$1,405 00	
Rent of two rooms at Club House—			
12 mos. to May 15th, 1915 (4 mos. @ $25 per mo. and 8 mos. @ $35 per month)		380 00	
Expense of annual meeting, June, 1914—			
Catering	$32 00		
Orchestra	11 00		
Extra help	2 00		
		45 00	
Telephone service to June 30th, 1915	69 00		
Long distance toll	1 95		
		70 95	
Advertising, ¼ page, The Canadian Nurse, to June 30th, 1915		25 00	
Printing		16 00	
Stationery and office supplies		22 40	
Postage		15 00	
Railway guide, 12 mos.		5 20	
Audit—report and books to 31/5/14		15 00	
Charts, temperature sheets, receipt books		40 50	
Magazines for Nurses' Club, years 1913 and 1914		10 00	
Contributions to charitable objects—			
Extension Fund—annual amount	$300 00		
Christmas cheer, 7 local charity funds	56 00		
War Relief, 4 funds	60 00		
		416 00	
		2,466 05	

Balances in banks, May 31, 1915—

Savings account, Bank of Hamilton...	$1,511 31	
Current account, Dominion Bank.....	128 30	
		1,639 61
		$4,105 66

MARGARET EWING,
Treasurer.

The amount of overdue fees at this date appears to be $50.00.

I have examined the vouchers, cheques, bank books, cash book, and fee book of the organization and certify that above statement is in agreement therewith. T. W. ELLIS,
Toronto, June 5th, 1915. Auditor.

THE UNSKILLED PROFESSION

By Emily Henderson Grant

On a hot day last August, Mamie Summers, my cleaning-woman's little girl, came to the door and announced: "Mama isn't coming—the baby's sick."

When I asked what the matter was I expected Mamie's brief answer, "Summer complaint."

I called on Mrs. Summers later in the day. She is an intelligent fresh-faced Irish woman, the mother of five children, one of whom is dead. I found her washing, while in a baby-carriage in one corner of the hot kitchen was the sick baby, a beautiful child a little under a year.

"It's his teeth," she explained. "But I got worried; since Patsy died I get worried if they get sick this way, for they die awful sudden from weakness. My mother laughs at me for havin' the doctor for one that's teethin'."

"He's feedin' the baby awful weakenin'," came from the old woman. "He's feedin' him hardly the crumb—a little white of beat-up egg an' some barley-water." She shook her head ominously and went on to say that a baby needed something better than that to make sound teeth on, and called attention to how weak the baby was already.

The next day I went to see if I could do anything; the baby was dead. The doctor was young and took the case with bitterness:

"Ignorance and interference killed that child. I could have saved it. They waited too long before they called me, but even so I could have pulled it through."

"What did they do?" I asked.

"Fed it some cream. The woman next door said the doctor ordered cream when her baby was sick—so the baby died."

In other words, two women, mother and grandmother, had killed

a child they loved, killed it through ignorance and lack of training. Both of them are women of normal intelligence, living under good conditions in the country, and this is the second child that Mrs. Summers has lost in this way. Yet Mary Summers was trained in the public schools and even had two years of high school before her mother "needed her at home." She studied French and Latin and algebra, but there was no way she could learn to take care of her baby.

Not many days later I happened to call on a young friend of mine, and as I went in I met the doctor.

"Why!" I cried, "what's the matter? Is the baby sick?"

"There's nothing the matter, except that Alice has nerves," he said kindly, for he is an old man who has known Alice since she herself was a baby. "And she has learned everything else on earth in eight years of high school and college except what a human infant looks like, and now if the baby sneezes she sends for me.

"And let me repeat," he went on, turning to my friend, "that a nursing mother should keep her nerves quiet—that is the best thing you can do for your baby. Just thank God on your knees that you are not like so many of these over-trained college women who cannot nurse their children and get out more in the open air."

"It's true what he said," Alice told me. "I know about everything else on earth except what a human infant looks like. The poorest young mother in the slums has the advantage of me when it comes to knowing how to lift a baby handily. I know so little that I do send for the doctor every few minutes. About all I know is that little babies die quickly, and I had rather send for him a thousand times too many than not often enough. By and by I will know what some things that happen mean. Already I'm not afraid to take her up any more. You wouldn't believe it, but at first I was almost afraid to touch her, I know so little about babies. It seems absurd, doesn't it, that, as he said, I should have been taught about everything else in the world and not a breath about what was going to be the real important work of my life?"

Here, in a short time, I had seen two women, each typical of her own class, women who were both capable and intelligent women in their way, handicapped by lack of training in woman's really important profession, motherhood.

It seems strange that this great profession, the most important profession in the world, upon which the welfare of all the future generations rests and always must, should be an unskilled profession. It seems strange that a state that pays such vast sums of money to educate its children and its young people to earn their living by various professions should have made no provision for educating the mothers of the land.

The price of this ignorance is suffering, disease and death. In the United States it has been estimated that every year about 375,000 babies under one year of age die. It is said that they die from causes largely preventable. In other words, every year in this country, as in others, thousands of well-meaning and intelligent women, some of them highly trained, like my friend Alice, lose their babies, not through any great scourge, not through any contagious disease, but through ignorance—merely because they are unskilled workmen in their profession.

The human race has gone along now quite a number of years, and during that time it has done a large amount of talking about mother-love and how mothers know what is best for their children and all the rest of it; it has taken a few doctors, men and women, to prove that mothers do not know what is best for their children, to prove it by hard and fast statistics, and to prove also that they can be very readily taught what is best.

There has been confusion between love and knowledge as unreasonable as though it should be taken for granted that a knowledge of housekeeping came miraculously to a bride, and the more she loved her husband the better she could take care of him—whether she had learned anything of the housewifely arts or not. But while there has been much tradition concerning the cooking of food and the care of a house handed down from mother to daughter, the traditions concerning the care of babies are curiously barren—and very many of them harmful. A great specialist in the diseases of young children asserted that this was what made him place women intellectually on a scale inferior to men.

"The feeding of babies," he said, "has been in the hands of women as a matter of course always, yet they have not put the simplest rule of two-and-two together."

When acute gastritis, convulsions and sudden death have so often attended giving young babies solid food, one would think that through the ages there would have arisen a hard-and-fast tradition to this effect, yet so far is this from being the case that it is only in the most intelligent families that a doctor can be sure of having his instructions in regard to food carried out with any degree of accuracy, and even if they are, he will have to combat the older women of the family who hold out against these "new-fangled ways of bringing up children."

Many little babies die every year because "just a taste of this" and "just a taste of that" won't hurt the baby, and many children's digestions are impaired, perhaps for life, for the same reason, even if they don't die. When one thinks of it, it doesn't seem possible that this should be so. Mr. John Spargo says:

"The ignorance of many mothers is simply appalling. To hear a

group of settlement workers, physicians and nurses relating their experiences and enumerating the many deleterious things given to young babies is a tragic and heartrending experience."

While the intelligent portion of the community may not feed their babies cabbage or bananas, the welfare of bottle-fed babies, even among the educated classes, is largely a matter of chance. Women feed their children food unsuited to them because a friend's child has thriven on a certain formula, and only when the baby is actually ill do they learn better. All doctors complain that it is hard to find out in the average case exactly how the baby has been fed. Half the time the mother is ignorant of what proportion of milk and water, let us say, is to be put into the baby's bottle. "About half and half," or "I put in a little water," or "I sweeten to taste," are the most common answers on this most vital of all subjects, yet these women in giving you a recipe for a pudding would be accurate to the least amount in the quantity of raisins required and the amount of sugar.

A young mother of my acquaintance recently asked her doctor on what food she should wean the baby. She had studied the modification of milk, and was merely inquiring on what formula her child of eight months would best thrive.

"Condensed milk," said her physician, "is as good as anything, I think."

"Why!" she exclaimed in surprise, "wouldn't some form of modified milk be better?"

"Certainly it would be," said the physician, "if you care to go to the trouble of modifying milk. Most of the women in this town don't. They are careless about their nursing-bottles. They don't boil them properly; and then the next thing I know I have a sick baby on my hands. But, of course, if you take proper care of your feeding-bottles and modify your milk with accuracy it is better for the baby."

This was a doctor whose patients were almost entirely American people of a high degree of intelligence. It was also a town where a good milk supply was available. And yet the doctor had found that the women of the town wouldn't take the trouble of modifying milk.

In other words, the very simple process of preparing milk in such proportions that it was a suitable food for young babies to take, upon which the future health and perhaps actual life of the child depended, has been proven in this doctor's experience to be so rarely carried out in a satisfactory manner among mothers of his practice that he had ceased to recommend it. Mind you, the care of nursing-bottles and modification of milk is a much simpler process than the making of a cake or a pie.

Undoubtedly one could question this doctor's professional morality; it is true that a doctor is not a teacher, but it is also true that in

each individual case he should try to awaken the conscience of the mother and instruct her. It wouldn't take him very long to make her understand that the most important work in her life was the preparing proper food for her child, and that she ran all the risks, from permanently weakening her baby's stomach to death itself, by not doing so.

This would not be a very difficult thing to do because mothers wish their babies to live; they wish it ardently. There is no woman with sufficient intellect to go through the lower grades of the public school who cannot grasp the fact that accuracy is a prime essential in feeding her child.

Granted a young mother realizes her ignorance, how is she to learn? The average woman cannot afford a trained nurse nor can she afford to call in a doctor to solve every question. Nor does she know about the excellent books written on the rearing of children, like Doctor Holt's invaluable little volume. We have to confess that as yet it is largely a matter of chance whether she will fall upon information that will enable her to keep her baby well. Some of our daily papers have taken up the crusade, and during the summer months have printed daily columns for the care of babies during hot weather. Many of our magazines have run excellent departments of advice to mothers, but you would not expect to become an expert in any profession through the chance hints that came your way through newspaper or through magazine.

How much a little education can do has been proven by Doctor Budin, of Paris, in his consultations des nourrissons. This doctor found that the children he had cared for in the maternity hospital and discharged as healthy infants often died, and in most cases it was through the ignorance of the mother, just as thousands and thousands of children are dying in this country. He, therefore, formed classes for mothers. They were women of the poorest kind; many of them lived in most unsanitary conditions; many of them were just above the point of utter want, and yet because of intelligent guidance the mortality in Doctor Budin's consultations was less than that of babies of far more favored classes. These children were kept alive by no other factor in the world than that their mothers became a little more skillful in their profession of motherhood. For the methods of keeping one's baby alive are things any woman can learn; there is nothing esoteric about it, nothing very complicated, granted that your child is a normal one, born under normal conditions.

The New York Milk Committee has followed in the footsteps of Doctor Budin's consultations, as have some other organizations in this country. During the summer of 1908 over a thousand babies were regularly visited under the supervision of physicians and trained

nurses, and their mothers were instructed in the care of their children, and the work has increased much since then. This was done in connection with the milk stations established by the milk committee.

There is one hopeful feature in this whole case, and that is that among all the evils it is one that is most easily gotten at. Already there are stirrings in different directions; in some of our public schools in Philadelphia and New York the "little mothers" are having lessons in the care of children; all over the country doctors and nurses are preaching in the crusade against ignorance in this greatest of all professions. The remedy lies in the hands of the individual woman the country over. Certainly it seems possible that the state that teaches so many things to its children should not forever remain silent, and that it would be practicable for the boards of health of our states to be far more active in the dissemination of knowledge than they are at present. To quote Doctor Newman:

"It becomes clear that the problem of infant mortality is not one of sanitation alone or of housing, or indeed of poverty as such, but is mainly a question of motherhood."—*Woman's Home Companion.*

ADDRESS*

I am very pleased indeed to have this opportunity of addressing this year's graduating class of McKellar Hospital, and to compliment its Superintendent on her fine showing this year, both in numbers and material. This is by far the largest class of nurses that has been graduated from the hospital, and from what I have seen of their work the standard has been fully maintained. It shows that our hospital and its work are growing, as everything else in our city is expanding, and taking on greater importance; and I am pleased to be able to state, without fear of contradiction, that the institution from which this year's nurses have graduated is as up-to-date and well-equipped as any general hospital in the country.

With the completion of the alterations made last year there is now ample accommodation for all classes of patients—public, semi-private and private. We have two first-class operating rooms, with sterilizing, instrument, dressing, and anaesthetic rooms attached; also, a first-class accouchement department; then there is a children's ward, which our nurses will find very helpful in their future work; there is an excellent diet kitchen and trained dietitian, whose help to our graduates is invaluable. There is a first-class X-ray department, and a course is given in massage. Last of all, we have a very commodious and comfortable nurses' home, and the whole institution surrounded by very

*By Dr. Stewart to 1915 Class of McKellar Hospital, Fort William.

presentable grounds. I mention these facts because they have a very important bearing on the standard of our graduates, and also to show that your course here is carried out along most up-to-date and scientific lines, and comprises a training in all departments except infectious cases.

I do not propose to give a history of your honored profession, because, to my mind, it is the most ancient of all professions, and dates from about the time Eve, no doubt, nursed and comforted Adam, when he was ill and out of sorts. But with the advancement and specialization in all branches of work we find, to-day, the highly skilled and trained graduate nurse spending three years in a hospital, giving all her time to acquiring knowledge and making herself expert in the care of the sick. In my opinion this specialization will be carried on still further, and it is on this phase of your work that I am going to talk to you to-night.

Up to the present your experience has been three years in institutional work, in which, as I have said, you have been extremely fortunate. You have had a great number of lectures and practical demonstrations, and your minds are full of a great many wonderful facts, many of them acquired for examination purposes only, but nevertheless useful in filling out the general education and knowledge necessary to your training and development. Now that the exams. are over you will begin to forget all about a lot of those dry lectures, etc., and develop in yourselves the personal side of your profession. Until now you have been doing institutional nursing, where the personal element is largely ignored, and the nurse does her duty willingly and well, but now you come into the home life of your patients, and your livelihood and success are at stake, whether you please or not. The surroundings are altogether different, and the nurse who, before her training, has had the advantage of a good home training, has a decided advantage over the one who has not been so fortunate.

As a nurse, be natural, so that you are not under the strain of trying to be different from yourself. I have heard people say that they would have a trained nurse in to take care of them, only they felt that the nurse made more work in the house than compensated for the good that they would receive from her services. Others say that the trained nurse was so high and mighty and would not let them see any of their friends, or wanted to run the whole house so arbitrarily that they would prefer to be without one. These prejudices must have had some basis of truth about them to become fixed in the public mind, and, as you can see, they are a serious detriment and handicap to the nursing profession.

In my opinion there is no need for any such alarm on the part of the public, and it behooves you to help overcome those prejudices by

your own personal example. Always adapt yourselves to the home in which you are nursing, and if people cannot afford a servant take hold of the situation and wait on yourself. Try and make the people you are with feel that you are one of themselves. This does not mean that you are to allow undue familiarity to spring up, but do not think that you are so much better than they are and that a wide gulf separates you from them, just because you are a trained nurse. Always be honest with yourself, your patient, and your physician. You should be clean and tidy, of course, and quiet and calm, with a keen interest in all that has to do with the welfare and comfort of your patient, but do not interfere with household matters outside of what strictly concerns your own duties. And, above all, be discreet, and do not talk about your cases to other people.

In regard to specializing I have divided nurses into the general, medical, surgical, obstetrical, mental, children's, institutional, and infectious.

With reference to the general trained nurse, the few remarks already made will apply to her.

A strictly medical nurse requires certain special qualifications. She must be intelligently observant and note carefully and correctly any minor changes in the condition of her patient. So much of the successful treatment of medical cases depends on the correct interpreting of the signs exhibited by the patient. For instance, the signs of perforation in a very sick typhoid—a live nurse should notice them at once, notify the physician, and so save valuable time for the patient in having surgical treatment at once.

A successful medical nurse must be intensely human, so that she gets very close in the affection and confidence of her patient, for how many times have you not seen a patient with severe or lingering illness gradually and successfully fight his way back to health and strength, all due to the tireless efforts, care and instilled confidence of the nurse. This is a quality that is born in some, and no amount of training or education will develop it.

The medical nurse, of all nurses, requires tact, quietness, and a soothing nature. You all know how unlike themselves real sick people are, and very often how irritable they are—the merest trifles quite upset them. Thus a nurse who, in a quiet, gentle way, foresees and forestalls these little irritations is a great boon in the sick room.

Now, a good surgical nurse is quite a different proposition. Her work is largely in institutions, except for minor surgery, which, as a rule, does not require much nursing.

She requires extreme thoroughness and system. The whole success of the surgeon often depends on his surgical nurse. With the exceptions of incurable and lingering chronic surgical cases, an operation

or a broken bone is a short-lived period of suffering, in which the surgical nurse can always cheer her patient with the definite promise that he will soon be as well or better than ever. She requires a buoyant temperament and the resource to keep her patient hopeful. In the incurable and slow lingering cases she needs to impart to her patient fortitude and calm resolve to face the inevitable. This is the highest kind of courage.

The obstetrical nurse is still another species. She must be the one of all nurses to adapt herself to the various home surroundings as she finds them, and at one of the most critical times in family life. Medically she must, above all things, be surgically clean and careful of details to be successful. But that is not all. She must know better than any nurse how to get on well with people, because there is no one more alive to the requirements of the new baby than its mother, and, of course, there never was any other baby quite so important as this particular one. So my advice to the obstetrical nurse, and it is a big part of your work at the present time as people are using trained nurses more and more in accouchements, is that you concentrate your attention and care on the new baby, after having made the mother clean and comfortable, and that you do not try to boss the other children in the house.

The nurse who cares for those suffering from mental diseases is indeed a specialist and requires a special course at an institution caring for the mentally affected, and if anyone needs a nurse with patience, sympathy, love and kindness, it is these poor unfortunates.

The children's nurse is still another kind. To succeed with children, always be fair and reasonable with them, and never deceive them. If you make a promise, always carry it out. A successful nurse with children has to be a diplomat of the highest order. Your purpose may be attained most successfully by the most wonderful and roundabout methods, and, after all, patience and tact will save many an unpleasant disagreement, and nothing upsets or delays convalescence in children more than constant irritation.

For those intending to nurse children exclusively I would advise a special course at a children's hospital, where you will find any number of pointers in little things that will be of great service to you afterwards.

The institutional nurse is one who should have good executive ability and an all-round good education herself, as she will no doubt be called upon to manage other nurses and impart knowledge and training to them. Of course, if you are satisfied to take charge of a ward or work in an institution under someone else, then your experience of the past three years will tell you whether you are fitted for institutional work. But to be a success, you must aim at something higher, and

that means increased responsibility. Many nurses prefer institutional work on account of the variety of cases and work, the definite hours, congenial companionship, and steady employment. Then there is not the need for that close personal contact and intimacy with your patients, and the daily association with other nurses keeps you right up to your best all the time and in touch with the most advanced ideas.

The infectious diseases nurse is also one of very great importance, especially to the community at large, because a general nurse who is going from an infectious case to a surgical, medical, or obstetrical case always runs some small risk of carrying the infection, and if such a thing should happen, it would be very harmful to your profession. If the field of your work is large enough to allow one or more of you to specialize in nursing infectious diseases, by all means take advantage of it, and in order to qualify yourself for this work you should take a post-graduate course at some isolation hospital. In any case, be extremely careful to fumigate your clothes and change all your apparel as well as thoroughly disinfecting the person before going from an infectious case to another case.

And, now, in closing, I would advise all of you to take a post-graduate course of at least six weeks or three months at some up-to-date hospital, at least every three years after you graduate, and in that way keep yourselves brushed up in your work.

I wish each one of this year's graduating class every success in her chosen profession, and trust that you will always uphold its highest ideals and be a credit to your profession.

PEACE NOT YET, BUT A SWORD

Our anniversary this year falls within the dark shadow of great sorrows, great anxieties. There can be few of our members who have not suffered by the war, not only as patriots, but in the suffering and loss of those who are personally dear to us—relatives and friends. And the horror of it all, and the diabolic brutality of our enemies have become so intolerable, that many are tempted to think that peace at almost any price would be welcome. Can any price, some are asking, be too great to pay for release from the hideous happenings of this worst of all the wars that have ever been?

When such a temptation is whispered into our soul, we need to remind ourselves that, horrible as war is, there is something still more horrible. Worse than wounds and death is it to seek escape from wounds and death by the betrayal of a sacred trust, by the base preference of our personal safety or that of our friends, to the safety of the great and holy causes which we are set to defend. "When a quarrel is for money"—I quote M. Paul Sabatier—"or for a strip of territory, one

can make peace without moral loss. To make peace when an ideal is at stake is an abdication; even to think of it is to be false to the voice which tells us that man is born for other things than to enjoy the moral and material heritage of his fathers. It is the honor of Belgium, France, and their Allies to have seen at once the spiritual nature of the war. No doubt we are fighting for ourselves, but we are fighting, too, for all peoples. The idea of stopping before the goal is reached cannot occur to us. . . . Our soldiers are martyrs; they bear witness to a new truth. Their defeat would mean the triumph in Europe of brute force. Before permitting that it is our duty to fight without even thinking of what might befall; and if our soldiers go down to the last man, everybody who has not yet taken up arms will fight to the last cartridge, to the last stone of our mountains that we can hurl against a 'Kultur' which is nought save worship of the sword and of the golden calf.—*Misericordia.*

CORRESPONDENCE

To the Editor of The Canadian Nurse:

The War Committee of the Toronto Chapter of The Graduate Nurses' Association of Ontario.

The Titanic European war has called for the best that is in our country. Every class, every profession and calling in our beloved land vied with each other in manifesting zeal for the alleviation of suffering humanity at the seat of war and at the homes of the valorous soldiers of the Empire, where the offices of the nurse are so much needed. Many of our nurses have given their services to the sick and wounded without remuneration such as they would receive in following their profession at home, and in no instance has a call been made for additional nurses without a generous response, although the nature of their service demanded personal risk and the severe lot of those who minister to the maimed. As there were calls coming to the different hospitals for nurses, and Miss Gunn had received a letter from Miss Hersey, Montreal, asking if we could send six nurses who would volunteer to go to La Panne, France, the Toronto Chapter thought it better to call a meeting of the nurses belonging to the chapter. After some deliberation the chapter deemed it advisable to form a war committee, which would be composed of a representative from each of the six city hospitals, and one from the Florence Nightingale Association, namely, Miss Mary Hill, H.S.C., convenor; Miss Neilson, T.G.H.,; Miss Cooper, W.H.; Miss Irvine, G.H.; Miss Luney, Isolation H.; Mrs. Wigham, F.N.A., and Miss Weyer, St. M. H., secretary.

Applicants will send their applications and credentials to the committee, only those who are fully qualified nurses to be accepted.

Many applications were received, some even from untrained women. The four nurses whom we sent to La Panne are the Misses Frances Harman, graduate City Hospital, Montreal; Mary Kingston, Presbyterian Hospital, N.Y.; Grace Brough, St. John's Hospital, Toronto, post graduate Bellevue, N.Y.; and Mary Jones, of the T. F. H. for Consumptives, affiliated with the Bellevue Hospital, N.Y. They left for La Panne, France, with the Dr. Armstrong unit of nurses. The uniforms, blue military coats, boots, etc., were provided by Montreal donors, and the railway transportation charges to and from Montreal for the Toronto nurses were defrayed by the Alumnae of the Toronto Hospitals and the F. N. A. The nurses are giving their services without remuneration for three months, save a small sum placed to the credit of each nurse from generous givers to the cause. One feature in connection with the embarkation of the nurses at New York should not be omitted from this report, as showing the sublime courage of the Canadian nurses in facing danger. Just as they were about to embark on the steamship Transylvania the story of the sinking of the Lusitania was told them. Not one faltered, all went on board, full of the courage of their race.

Donations were received from the following: T.G.H.A., $15.00; towel fund T.G.H.A., $5.00; H.S.C.A., $10.00; G.H.A., $10.00; W.H.A., $10.00; I.H.A., $10.30; St.M.H.A., $10.00; Toronto Free Hospital for Consumptives, $10.00; F.N.A., $10.00; St. John the Divine, $30.00; Miss Hill, H.S.C., $5.00; Miss Teeter, H.S.C., $5.00; Miss A. B. Long, St.M.H., $5.00; Miss Green, St.M.H., $1.00; Miss Tribe, T.G.H., $2.00; Miss Dowling, I.H.A., $2.80. From the above fund each nurse was given $30.00 for transportation to and from Montreal.

Hospital supplies for La Panne were received by Miss Hill, convenor, from the following donors: Mrs. Wigham's friends, $5.00 worth of surgical supplies; Dreadnought Chapter, 300 bandages, 650 wipes, 200 gauze compresses, 200 abdominal pads; Miss Mathieson, 100 yds. gauze; Miss Ross, 12 Selby St., 400 bandages; Mrs. Hamilton, collapsible cup and $1.00 to each nurse on leaving.

The committee will be glad to have a list of nurses in reserve.

A. WEYER, Secretary.

INTRAVENOUS INFUSION

By an intravenous infusion is meant the introduction of fluid into the veins; the fluid generally injected is salt and water, which is given in severe cases of haemorrhage, shock, diarrhoea, diabetic coma, and uraemia. Drugs are also introduced into the system in this manner for the cure of certain diseases, e.g., salvarsan (syphilis).

In former years the infusion or transfusion of blood was much used for the treatment of shock and collapse—namely, a patient suffer-

ing from the above had injected into his veins blood from the veins of some normally healthy individual. This method is now entirely given up, but transfusion of blood is sometimes, though only in rare instances, resorted to in cases of obstinate haemophilia.

Things Required for a Saline Infusion

1. General instruments.—Scalpel, forceps (dissecting and pressure), aneurism needle and silk, scissors, skin needle and sutures. With adults, instead of making an incision, a stabbing needle is sometimes used.

2. Bandage to tie round the limb, and things for rendering the patient's skin aseptic.

3. Dressings.

4. Infusion Apparatus.—Two lengths of rubber tubing (joined by glass connection), to the one end of which is fixed a glass funnel or barrel of glass syringe, and to the other a small curved glass or silver canula; if not at hand, a large hollow needle will suffice.

5. Four Pints of Normal Saline Solution, 1 drachm common salt dissolved in 1 pint boiled water, at a temperature of 105 degs. F.; to this, stimulants are sometimes added, such as pituitary extract or suprarenal extract.

Method of Introduction

Asepsis must be strictly adhered to. The surgeon wears a sterilized overall, and scrubs up as for any other operation. The patient's skin should be cleansed, and painted with 2½ per cent. iodine in spirit. Everything required for the infusion—instruments, apparatus, dressings, mackintosh, etc.—must be thoroughly sterilized.

The vein usually selected is the one at the bend of the elbow; it is made to stand out by tying a bandage round the upper arm, which is removed before injecting the saline. An incision is made obliquely over the vein, a double ligature of silk passed under it, the loop of which is cut, and the distal ligature tied; the vein is then opened, and the point of the canula inserted (the apparatus having been previously warmed and rendered free from air); the proximal ligature is now tied gently round that part of the vein containing the canula, and the fluid allowed to run in slowly—1 pint in ten minutes. The amount usually injected is about ¾ pint for a child and 1 to 3 pints for an adult. When the necessary quantity is run in, the canula is withdrawn, the proximal ligature tied, and the wound stitched up and a dressing and bandage applied.

This is the quickest means we have of introducing saline into the system, but it is only used in severe cases, as the method is more complex than that for subcutaneous or rectal infusion. The use of saline infusion is to give the heart more fluid to act upon, and so raise the blood pressure.—*British Journal of Nursing.*

Editorial

IT MEANS CO-OPERATION

The lack of a uniform standard of nursing education for the hospital training schools causes greater inconvenience and becomes more of a handicap to organization each year. This is more and more apparent at each succeeding convention. And while the lack is deplored by the principals and teachers in the training schools, and by all who take any part in organizing the profession, there seems to be very little done to bring about a more desirable state of affairs.

And yet the remedy should not seem out of reach. Could not the principals and teachers in the different training schools in each province confer, and, by careful and generous co-operation, arrange a minimum standard as a working basis for all?

This would be no handicap to the larger schools, and would afford an answer to the repeated requests from the smaller schools for help along this line. The principals of the smaller schools would then be at no loss what affiliations to seek to bring their pupils up to the agreed standard.

Some such arrangement might demonstrate the need of a legal defined standard, but why should it be necessary to wait till the law says, "You must"?

THIS NUMBER

The papers contributed by Alberta this month will be read with interest. Miss Winslow's paper on "The Nurse and Her Training School" emphasizes again the fact that the personality of the nurse counts for so much. The training school cannot make a careful, conscientious, thorough nurse of a woman in whom these qualities are lacking. Even graduates of some years may do well to ponder the truths in this paper, for there are none but may learn to be a little better and do a little better as they go along their professional way.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave. E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Helen N. W. Smith, Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

The regular monthly meeting of the executive of the Graduate Nurses' Association of Ontario was held in the Club House, 295 Sherbourne Street, on Wednesday, June 23rd, 1915. Unfortunately, Miss Madden was unavoidably absent, but was fortunate in securing Mrs. Tilley, the Vice-President, to take the chair.

The following members were present: Miss Gunn, Miss Dyke, Miss Mathieson, Miss O'Connor, Miss Jamieson, Miss Allan, Miss Jackson, and Miss Dickson.

The minutes of the last meeting were read by Miss Pringle and adopted.

Conveners of Committees were appointed as follows: Press and Publication, Miss Laidlaw, Hamilton; Legislation Committee, Miss Mathieson; Representative to The Canadian Nurse, Miss Dickson.

Miss Gunn, Convener of Eligibility Committee, reported that Miss Potts, Hospital for Sick Children, could not act on this committee, as she would be out of town most of the summer, and Miss Dickson was appointed to fill this vacancy.

It was decided that all applications for admission to the Association be laid aside for consideration after the fall meeting, when we hope that the eligibility clause of the new constitution will be interpreted to the satisfaction of the members.

A letter from Miss Locke, Convener of The Canadian Nurse Committee, was read and freely discussed, and a report sent to the National Association.

PRENATAL CARE

Prenatal care as a systematized means of reducing infant mortality and of improving the health of the mothers is a new idea, but is one that is claiming, and rightly, a great deal of attention at the present time.

In its broadest sense, "Prenatal care is," to quote Dr. A. B. Emmons, of Boston, "preventive medicine as applied to obstetrics, i.e., the utilization of every known means to keep the prospective mother well and strong, to foresee and forestall dangers, to intelligently provide for confinement. This may be merely proper care in the home at a minimum expense for the normal case or the best skill available in a hospital for averting tragedy. Preventive obstetrics thus includes a wide knowledge of the anatomy, physiology, psychology, and sociology of the patient."

Prenatal care implies the supervision of an obstetrician, either in connection or not with a dispensary, with whom is working a well-trained nurse, with special training in district, prenatal, and social service work. As early in pregnancy as possible the patient should have a thorough examination by the physician, when he obtains her history, the history of previous pregnancies, her present symptoms. He examines the urine, makes a physical examination, noting specially the bones of the pelvis. The patient is then put in charge of the prenatal nurse, who reports to the doctor, when necessary.

When the nurse makes her first visit she takes a social survey of the patient in her surroundings, gives instruction as to personal hygiene, in diet, bathing, clothing, fresh air, sleep, exercise, how to conserve her strength for the good of the baby and for the strain of labor and nursing. Later the preparations for the coming of the baby are made. The mental and physical condition of the mother is noted, a test of the urine made, and the co-operation of the whole family solicited. The nurse should impress on the mother the necessity and

importance of maternal nursing. In her social survey the nurse should ascertain if the patient has the means for procuring proper food in sufficient quantities and is free from anxiety. If not, she studies out what is best to be done, and puts in motion the proper machinery for securing the relief needed. In keeping track of the mother, the nurse should visit her once in ten days, oftener, if indicated.

Mrs. Max West, of the Federal Children's Bureau, Washington, D.C., who is doing so much in this line of welfare work, states that prenatal care, systematically and intelligently carried on, will result:

1. In healthier babies, of somewhat increased weight.
2. In lowering the infant mortality rate.
3. In reducing the number of stillbirths.
4. In reducing the number of miscarriages.
5. In reducing the number of premature births.
6. In a greater proportion of normal deliveries.
7. In reducing the number of cases of eclampsia and toxaemia.
8. In greatly improving the possibilities for maternal nursing.
9. In increased health for the mother.
10. In improving birth registration..
11. In helping the study of social and civic problems.
12. And in bringing greater comfort and peace of mind to harassed and overburdened mothers, thereby increasing the sum total of human happiness to an appreciable degree.

It must also be remembered that the effect is cumulative. To take a mother through her pregnancy and labor without mishap, to give her a healthy baby whom she feeds at her own breast, is to increase many-fold the chances of a happy home. Such a woman will be a better wife and a better mother, all future children of such a mother will have a better start in life, and the sum total of good resulting is enormous. It is necessary to contrast such a case with the misery and wretchedness which pregnancy and childbirth among the very poor only too often mean, to realize the full value of prenatal care.

In this most important branch of visiting nurse work, the responsibility of the nurse is great. She is the one who keeps in touch with the mother, and on her faithfulness may depend the life and happiness of mother and babe.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

THE BOWMEN

It was during the retreat of the eighty thousand, the most awful day of that awful time, on the day when ruin and disaster came so near that their shadow fell over London far away; and without any certain news, the hearts of men failed within them and grew faint, as if the agony of their brothers in the battlefield had entered into their souls.

On this dreadful day, then, when three hundred thousand men in arms, with all their artillery swelled like a flood against the little English army, there was one point above all other points in our battle line that was for a time in awful danger, not merely of defeat, but of utter annihilation. This corner may perhaps be described as salient. If this angle were crushed and broken, then the English force, as a whole, would be shattered, the Allies left would be turned, and Sedan would inevitably follow.

All the morning the German guns had thundered and shrieked against this corner and against the thousand or so of men who held it. The men joked at the shells and found funny names for them, and had bets about them, and greeted them with scraps of music-hall songs. But the shells came on and burst, and tore good Englishmen limb from limb, and brother from brother; and as the heat of the day increased, so did the fury of that terrific cannonade. There was no help it seemed. The English artillery was good, but there was not nearly enough of it; and it was being steadily battered into scrap iron.

There comes a point in a storm at sea when people say to one another, "It is at its worst, it can blow no harder," and then there is

a blast ten times more fierce than any before it. So it was in these British trenches.

There were no stouter hearts in the whole world than the hearts of those men, but even they were appalled as this seven-times-heated hell of the German cannonade fell upon them, and rent them, and destroyed them. And at this very moment they saw from their trenches that a tremendous host was moving against their lines. Five hundred of the thousand remained, and as far as they could see the German infantry was pressing on against them, column upon column, a grey world of men—ten thousand of them, as it appeared afterwards.

There was no hope at all. They shook hands, some of them. One man improvised a new version of the battle-song, "Good-bye, good-bye Tipperary," ending with "And we shan't get there"! and they all went on firing. The officers pointed out that such an opportunity for fancy shooting might never occur again. The Germans dropped line after line; the few machine guns did their best, but everybody knew it was of no use. The dead grey bodies lay in companies and battalions, but others came on and on and on, and they swarmed and stirred and advanced from beyond and beyond.

"World without end. Amen," said one British soldier, with some irrelevance, as he fired. And then he remembered a queer vegetarian restaurant in London, where he had once or twice eaten queer dishes of cutlets made of lentils and nuts that pretended to be steaks. On all the plates in this restaurant there was a printed figure of St. George, in blue, with the motto "Adsit Anglis Sanctus Georgius." This soldier happened to know Latin and other useless things, and now as he fired at his man in the grey advancing mass, three hundred yards away, he uttered the pious vegetarian motto. He went on firing to the end, and at last Bill, on his right, had to clout him cheerfully over the head to make him stop, pointing out as he did so that the King's ammunition cost money, and was not lightly to be wasted in drilling funny patterns into dead Germans. For as the Latin scholar uttered his invocation he felt something between a shudder and an electric shock pass through his body. The roar of the battle died down in his ears to a gentle murmur; instead of it he says he heard a great voice, and a shout louder than a thunder-peal crying, "Array, array, array!" His heart grew hot as a burning coal, it grew cold as ice within him, as it seemed to him that a tumult of voices answered to this summons. He heard or seemed to hear thousands shouting: "St. George, St. George!"—

"Ha! messire: ha! sweet saint, grant us good deliverance!
St. George for merry England!
Harow! Harow! Monseigneur St. George, succour us.
Ha! St. George! Ha! St. George; a long bow, and a strong bow.
Knight of Heaven, aid us."

And as the soldier heard these voices he saw before him, beyond the trench, a long line of shapes with a shining about them. They were like men who drew the bow, and with another shout their cloud of arrows flew singing and tingling through the air towards the German host.

* * *

The other men in the trench were firing all the while. They had no hope, but they aimed just as if they had been shooting at Bisley. Suddenly one of them lifted up his voice in plain English: "Gawd help us!" he bellowed to the man next him, but we're bloomin' marvels! Look at those grey gentlemen—look at them! D'ye see them? They're not going down in dozens, nor in 'undreds; it's thousands, it is. Look! look! there's a regiment gone while I'm talking to ye."

"Shut it!" the other soldier bellowed, taking aim. "What are ye talking about?" But he gulped with astonishment even as he spoke, for, indeed, the grey men were falling by the thousands. The English could hear the guttural scream of the German officers, the crackle of their revolvers, and still line after line crashed to the earth.

* * *

All the while the Latin-bred soldier hears the cry:

"Harow! Harow! Monseigneur, dear saint, quick to our aid! St. George, help us!"

The singing arrows darkened the air, the heathen horde melted before them.

"More machine guns!" Bill yelled to Tom.

"Don't hear them," Tom yelled back, "but thank God, anyway; they've got it in the neck."

In fact there were ten thousand dead German soldiers left before that salient of the English army, and, consequently, there was no Sedan.

In Germany, a country ruled by scientific principles, the great general staff decided that the contemptible English must have employed turpinite shells, as no wounds were discernible on the bodies of the dead soldiers. But the man that knew.....knew that St. George had brought his Agincourt bowmen to help the English.—By Arthur Machen, from The Evening News.

BIRTHS.

To Mr. and Mrs. Adam Justice, Dauphin, Manitoba, on June 5, 1915, a daughter. Mrs. Justice (Agatha Homm) is a graduate of Dauphin General Hospital, class '10.

At Swan River, Manitoba, on July 2, 1915, to Rev. J. W. and Mrs. McKillop, a daughter (stillborn). Mrs. McKillop (Nellie McQuarrie) is a graduate of Dauphin General Hospital, class '11.

HOSPITALS AND NURSES

British Columbia

Vancouver: Miss Ruth Judge, V.G.H., secretary of the V.G.N.A., is recovering from her illness, and has left the hospital for her home.

Miss Rene Norcross, V.G.H., has been appointed to the position resigned by Miss Hart, V.G.H., on the Teachers' Benevolent Fund, which is made up of sums given by all the teachers and school nurses in Vancouver for the relief of the poor.

Miss Ada Taylor, V.G.H., has gone to Montreal on her way to the Front.

The G. N. A. of B. C. has shipped a large bale of surgical supplies to the Canadian soldiers at the Front. Contributions of money and supplies have been sent in from all parts of the province. Bales will be sent at short intervals, some associations pledging themselves to monthly contributions.

The graduating exercises of the 1915 class of the Vancouver General Hospital were held Wednesday, June 2nd, at three o'clock. Twenty-five graduates received their diplomas and pins.

The chairman of the Board of Directors presided and gave a short address.

The report of the school was then given by Miss Randal, Superintendent of the Training School.

Mr. Stevens, M.P., gave an interesting address, which was followed by the presentation of the pins by Mrs. Wallbridge, and of the diplomas by Mr. Blair.

The address to the graduating class was given by Dr. Procter, chairman of the house committee.

The medal given by Dr. R. E. McKechnie for general proficiency was won by Miss Irene Clark.

After singing the National Anthem, a reception was held in the Nurses' Home.

The graduates are: Misses Marjorie Heeley, Alice Peters, Irene Clark, Grace McCulloch, Mary Shand, Edith Whitaker, Berta Wilson, Jennie Johnston, Jessie McLaughlin, Rhoda Stentiford, Mary McArthur, Nellie Waddington, C. Grace Dawe, Jean White, May Leigh, Charlotte Black, Elmore Eaton, Eden Pringle, Sarah Johnson, Eva V. Neiley, Elena Dillman, Emily Gilbert, Nellie Thomson, A. Isabel Powell, and M. Adele Perry.

Alberta.

The graduating exercises of the class of 1915 of the Medicine Hat General Hospital Training School for Nurses were held at the Nurses' Residence on June 2nd. The pretty grounds and wide verandahs were decorated with strings of electric lights and the reception

rooms gay with spring flowers. Seven nurses received diplomas and medals—Edith Hunter, Augusta Kirkham, Margaret Learned, Mary Barter, Elsie Charles, Ethel McLuhan, and Emma Read.

The prize winners were: Elsie Charles, first prize for general proficiency, presented by Board of Directors; Mary Barter, second prize for general proficiency, presented by Board of Directors; Margaret Learned, prize for surgery, presented by Dr. C. E. Smyth; Mary Barter, prize for practical work, presented by Dr. F. W. Gershaw.

After the presentation of diplomas and prizes, appropriate addresses were given by members of the medical profession and other prominent men of the city, and some good musical selections rendered.

A very pleasing feature of the evening was the announcement that the graduating class had donated $50.00 to the Red Cross to install a bed in the Canadian Hospital at Cliveden, England. This donation was made from their prize money and was much appreciated by the Hospital Staff and Board of Directors.

The hospital at Cliveden has an added interest for Medicine Hat nurses owing to the fact that Miss Margaret Dunne, class of 1912, is on duty there.

Miss Ida Kealey, graduate of the Galt Hospital, Ontario, who has been doing private nursing in Medicine Hat for several years, left in April to join the Red Cross Nursing Corps, and is now on duty in England.

Mrs. Rothwell (Miss Lillian Payne), graduate of the Medicine Hat General Hospital, class '14, left in the beginning of May for England with the Red Cross Nursing Corps. Mrs. Rothwell's expenses are being borne by the local branch of the Red Cross Society in Lethbridge, where she resided. Her husband is with the 12th C.W.R.R. Before leaving Lethbridge Mrs. Rothwell was presented with a purse of gold.

Miss Anna McLaurie, graduate of the Winnipeg General Hospital, class '02, has resigned her position as Night Supervisor of the Medicine Hat General Hospital, to take a position as Lady Superintendent of the hospital in Fernie, B.C.

The Graduate Nurses' Association of Medicine Hat recently gave, through the local Red Cross Society, one hundred dollars, for two beds in the Canadian Hospital at Cliveden, England, and another one hundred dollars to be used for surgical supplies in the same hospital.

Miss Collier has returned from California and is doing private nursing in Medicine Hat.

Miss Ada Taylor, graduate of Vancouver General Hospital, has joined the Canadian Military Nursing Corps, and went over to England on the Metagama, arriving safely on June 18th.

Miss Ella Willett, graduate of the Medicine Hat General Hospital,

A Message To Every Canadian Nurse

When you read of "Cereal Infant Foods", Malted Foods, and Infant Foods requiring the *addition* of milk, you realize the contrast between these goods and

Glaxo

The Food That "Builds Bonnie Babies"

Being in itself pure milk (with sufficient added cream and lactose to bring it up to the ideal standard of babies' *natural* sustenance) Glaxo is in a class by itself.

Glaxo is made in New Zealand, the finest dairy country in the world, and is prepared for use in a moment by the addition of hot water. It *cannot be wrongly used by your patient.* There is satisfaction for you in this.

Glaxo is also a splendid restorative in convalescence after operations, and for use wherever the digestive organs are weak.

A sample will be sent to any nurse mentioning this paper.

Glaxo

CANADIAN OFFICE

418 Dominion Bank Bldg., Toronto

class '13, and recently of the staff of the hospital in Kamloops, B.C., left in May for active service with the Canadian Military Nursing Corps and is on duty in Shorncliffe, Eng.

Miss Ruth Forster, M.H.G.H., class '14, has resigned her position in the Red Deer Hospital, and is taking a position in a hospital in Los Angeles, Cal. Her position in Red Deer will be taken by Miss Edith Hunter, M.H.G.H., class '15.

Miss Spink, Head Nurse in the Operating Room of the Medicine Hat General Hospital, is spending her holidays in Winnipeg, and St. Paul, Minn.

Miss Margaret Learned, class '15, has been appointed Night Supervisor of the Medicine Hat General Hospital.

At the June meeting of the Calgary Graduate Nurses' Association the resignation of Miss Edith Rutherford, registrar of the association, was received with much regret. Her duties have been taken over by Miss Turner, 444 A 11th Street N.W. Miss Rutherford has returned to the work of private nursing.

The Graduate Nurses' Association of Calgary are devoting the evenings of the 1st and 3rd Tuesdays of each month to the making of dressings for the Red Cross Society. As considerable enthusiasm has been shown, the work accomplished has been considerable. In view of the pressing need, we hope to further increase our efforts.

Ontario

The graduating exercises of the 1915 class of Brockville General Hospital were held in the Collegiate Institute on the afternoon of May 22nd.

Mr. Jas. Briggs, chairman of the Hospital Board, presided. Mr. H. A. Stewart, K.C., gave an inspiring address to the graduating class. The Florence Nightingale Pledge was administered by Rev. A. E. Runnells, and the diplomas were presented by Dr. W. F. Jackson. Mrs. C. E. Fulford and Mrs. A. C. Hardy, President and Vice-President of the "Ladies' Auxiliary," attached the pins. Short, interesting addresses were given by Dr. Jackson, Dr. J. C. Mitchell, Dr. J. A. Macaulay, and Mr. A. C. Hardy.

The Senior Scholarship was awarded to Miss Grace Billings, and prizes to Miss Charlotte Ross and Miss Lenore Rose.

Vocal solos, and selections rendered by the orchestra, brightened the exercises. After the program the company repaired to the hospital lawn, where an attractive marquee had been erected, from which dainty refreshments were served, and a delightful social hour was passed. A very large number of the prominent clergy, medical men, and interested friends of the hospital were present.

The following are the graduates: Misses Charlotte Ross, Viola

K & O
K & O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES
GLYCO-THYMOLINE
IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY
Nasal, Throat, Stomach, Intestinal
Rectal and Utero-Vaginal Catarrh
KRESS & OWEN COMPANY - 361-363 Pearl St., New York

Beckstedt, Gladys Kilborn, Irene Johnston, Grace Billings, Lenore Rose, Lyla Johnson, Mrs. Mae White, Mrs. Nellie Gamble.

The regular monthly meeting of the Toronto General Hospital Alumnae Association was held in the Nurses' Residence on June 2nd. This should have been the annual meeting of the association, but owing to the very great stress of work, extra meetings, and Red Cross work, the executive were forced to postpone the annual meeting till October. Consequently, this meeting was just a general one, with free discussion on business and nursing affairs. At the conclusion of the meeting tea was served in the reception room of the residence, from a table decorated with tulips of many colors and made particularly inviting from the fact that the good things provided were all made by nurses. The graduates of 1915 were the guests of the Alumnae, and the older members present were delighted indeed to have this opportunity of welcoming to their midst the entire class of 1915, who joined the Alumnae that day in a body—41 in all. Miss M. E. Christie graciously poured tea, and the Alumnae was honored in having Miss Gunn, the Superintendent of Nurses, T.G.H.; Miss Locke, her assistant; and the head nurses of the hospital; also Miss Snively, whom everyone was delighted to welcome home again after her winter in the South.

On Tuesday, July 6, 1915, in the nurses' sitting room at Riverdale Hospital, the members of the Alumnae Association and the nurses in training met to wish Godspeed to Miss Eileen Sayer, who leaves shortly for active service with the Red Cross. Miss Sayer carries with her the very best wishes of the nurses in her new work, and was given a purse of gold as a slight token of the esteem in which she is held by her sister nurses.

At the Toronto Graduate Nurses' Club House, 295 Sherbourne Street, on Wednesday, June 16th, the Alumnae Association of Riverdale Hospital gave a most enjoyable garden party to the graduating class. Refreshments were served on the lawn. Music was furnished by the Prince George Orchestra. The nurses and their friends spent a most enjoyable evening.

On Wednesday, June 30th, a garden party was held by the Kingston Chapter of the Graduate Nurses' Association of Ontario on the grounds of the Nurses' Residence. The weather was ideal and several hundred people visited the grounds both afternoon and evening. The R.C.H.A. band very kindly gave their services and the music was greatly enjoyed.

The tea table, ice cream booth, home-made table, canteen, and candy and flower booth were all very artistically arranged under spacious tents. The fortune teller's tent was decorated in Indian fashion and was very attractive. Each convener was ably assisted by a number of nurses, both graduates and undergraduates.

Courses in Public Health Nursing

The Boston Instructive District Nursing Association offers two courses in preparation for public health nursing.

The Eight Months' Course is offered by the Association in connection with Simmons College (Harvard University) and the School for Social Workers. The work at Simmons College includes courses in sanitary science and public health, preventive medicine, social legislation, and household economics. At the School for Social Workers lectures and conferences throughout the year on the principles and methods of social service, with related practical work. Practical nursing experience arranged by the Instructive District Nursing Association. Tuition fee, $80.00.

The Four Months' Course, under the direct management of this Association, is designed to give a basis for the varieties of social work where nurses are in demand. Instruction is given in the procedures of district and visiting nursing in all its branches, and experience provided in the principles and methods of organized relief. Field work, lectures and class discussion.

For further information apply to

MISS A. M. CARR

561 Massachusetts Ave., Boston, Mass.

New York Polyclinic Post-Graduate School for Nurses

¶ Offers nine months course in the following branches: Surgery, including emergency work; Operating Room Technic; Sterilization; Gynecology; Pediatrics; Eye, Ear, Nose, Throat; Orthopedics; Cystoscopy.

¶ Classes by resident instructor, supplemented by bedside instruction. Lectures by Attending Staff. Special Course in Dietetics. Diploma awarded on satisfactory completion of course. Registry maintained for graduates and frequent opportunities given to obtain institutional positions. Remuneration: board, lodging, laundry, and $12 monthly.

¶ A special course of four months duration is offered to those specially qualified. Remuneration: board, lodging, laundry and $6 monthly.

E. LETA CARD, R.N.
Superintendent of Nurses
341-351 West 50th St., New York

Obstetric Nursing

The Chicago Lying-in Hospital offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training, and a six-months' post-graduate course to nurses who are graduates of training schools connected with hospitals for the insane and sanitariums giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of training schools associated with general hospitals and a six-months' course to pupils of training schools associated with hospitals for the insane or sanitariums.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

Address

Chicago Lying-in Hospital and Dispensary

5038 Vincennes Ave Chicago

The splendid sum of two hundred and sixty dollars was realized. This money will be spent in necessary material for Queen's Stationary Hospital in France.

The Alumnae Association of the Hospital for Sick Children, Toronto, held their annual meeting June 17th, 1915, at the Nurses' Residence, which had been prettily decorated with flags and peonies for the occasion. After the business meeting Miss Kerr, of the hospital, very kindly presented her lantern slides of the different pictures which have been taken in the city hospital and at Lakeside. Refreshments were then served by the nurses.

The following officers were elected: Honorary President, Mrs. Goodson; President, Miss Teeter; First Vice-President, Miss M. Hill; Second Vice-President, Miss O. Campbell; Treasurer, Miss I. Anderson, The Ainger Apts., cor. Bloor and Sherbourne; Recording Secretary, Miss M. McNeil, Sick Children's Hospital; Corresponding Secretary, Miss Keefer, 321 College St.; General Business, Miss Jamieson; Central Registry, Miss Barnhart, Miss Fraser; Press and The Canadian Nurse, Miss W. Armstrong; Sick Visiting Committee, Miss Dingwall, Miss Copeland.

Quebec

A clearing hospital is to be opened at Quebec to classify the Canadian wounded sent home as unfit for further service at the Front. The doctors will classify these soldiers for pensions or otherwise.

Miss Elizabeth Orford, V.O.N., who has been doing District and Public Health Nursing in Sherbrooke for the past three years, is leaving the city at the end of June. Miss Orford, who has been the President of the Graduate Nurses' Association of the Eastern Townships since it was organized, will be keenly missed.

CANADIAN NURSES FETED

The party of thirty trained nurses of the St. John Ambulance Association of Canada, who arrived in London a week ago, are being very kindly entertained by the members of the St. John Ambulance Association, while being outfitted for war duty. The Duchess of Somerset, with Sir Owen and Lady Philipps, Lady Sloggett and Lady Jekyll, kindly entertained them at luncheon; and Lady Perley at a tea given to all Canadian nurses in London, at Prince's Restaurant. A visit was arranged to St. Paul's; and a tea given at St. John's Gate, where they were shown the interesting old Priory Church and the Warehouse. They have been interested in seeing the London and Guy's Hospitals—at which latter place tea was served in the Nurses' Reception Room by the staff, and an enjoyable time spent. On Monday, Lord Ludlow

STANDARD Floor Dressing

insures hospitals against the dust evil. It is sanitary because it holds down the dust on the floor and kills the germs which the dust contains. Standard Floor Dressing preserves the floors; it penetrates and fills the pores of the wood and keeps out dust and dirt. It is economical; one gallon will cover from 500 to 700 square feet of floor. Standard Floor Dressing greatly improves the appearance of the floor and prevents it from warping and cracking. For prices and any further information, address our nearest office.

THE IMPERIAL OIL COMPANY
Limited

BRANCHES IN ALL CITIES

Made in Canada

entertained them by a tea and music; and on Tuesday, they were the guests of Lady Jekyll—motoring to Hampton Court, where they were shown over the grounds and palace. Although enjoying their visit exceedingly, our Canadian colleagues will be very glad when all preparations are completed and they are settled down at the work they came over to do.

The suffering of many of the sick and wounded Canadian troops has aroused the deepest sympathy upon the part of their devoted nurses.—*British Journal of Nursing.*

GLYCERIN FOR PERSPIRING FEET

Dr. Benians, in The Lancet, strongly recommends the use of glycerin for perspiring feet. Dr. Benians cites two severe cases which were completely cured in three days by the application of glycerin well spread over the soles and toes before the socks were put on, this being repeated each morning as long as necessary. He suggests that the use of glycerin, by preventing the formation of noxious products, and thus keeping the skin of the feet in a healthy condition, would be of considerable value to an army on long marches.

SUGAR AS A HAND CLEANSER

Dr. D. H. Stewart says, in the Massachusetts Medical Journal: "The most careful antiseptic toilet may be brought to naught by the preliminary use of soap; therefore clean your hands with granulated sugar, and also dress wounds with it if you have nothing better." His experience since 1895 has shown that "with sugar and water, followed by chloride of lime and water, the physician's hands may be rendered sterile." This has been confirmed by laboratory tests. "Granulated sugar is gritty, takes the place of both soap and brush, does the work better, and leaves the skin unscratched, soft and smooth."

MARRIAGE

On June 23, 1915, Miss Marie Bateman, of Saskatoon, Sask., graduate of St. Michael's Hospital, Toronto, class '09, to Mr. G. Sheppard, of Hafford, Sask.

BIRTH

On June 28, 1915, at Bassano, Alta., to Dr. and Mrs. Alex. Scott, a son. Mrs. Scott (nee Hobson) is a graduate of Riverdale Hospital, Toronto, class '12.

"YOUR uniforms are without doubt the very nicest I have ever been able to purchase. I shall indeed recommend them to others."

So writes the supervisor of a Hospital in Allentown, Pa., who, among hundreds of others, have written us that they found

Dix-Make UNIFORMS

exceptional in smart looks, carefulness of cut and finish, and in good fit.

Model illustrates style No. 662 at $4.00 of White Dixie Cloth; hemstitched collar, cuffs and pockets. Opens all way down.

Sold by Departmental Stores everywhere. Our label on every garment. Write for catalogue and full information.

[*Officially selected by the AMERICAN RED CROSS.*]

HENRY A. DIX & SONS COMPANY
Dept. B. Dix Building, New York

662
$4.00

ROSE PETALS

themselves could scarce be softer, daintier or more delightfully fragrant than

NA-DRU-CO ROYAL ROSE Talcum Powder

A luxurious necessity, particularly during the hot Summer weather.

25 a tin—at your druggist's

National Drug & Chemical Co. of Canada, Limited

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President. Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Willard J. Hill; Secretary, Miss E. Gilroy, 674 Arlington St., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 187 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Miss E. P. Hegan,; Cor. Secretary, Miss A. A. Burns.

A Case of Beverage Selection

WE'VE been talking Coca-Cola's purity and wholesomeness for so long in our messages to the medical profession that we've almost overlooked the fact that most of you Doctors drink it yourselves for its utter deliciousness.

¶ Pardon us for neglecting your palates in past appeals to your scientific side. Let us rectify the error by saying now—

Drink

Coca-Cola

whenever you're hot, tired or thirsty. Ask your good friend, the druggist, to fix up for you a long, cool glass of this most cooling, refreshing and thirst-quenching of beverages the very next time you drop in on him. The "patient" will show signs of improvement at once.

Our New Booklet

covering Coca-Cola in all its phases (including its wholesomeness) will go to you on request. Accompanying it will be some coupons, each good for a glass of Coca-Cola at any soda fountain.

Demand the genuine by full name—
Nicknames encourage substitution.

THE COCA-COLA COMPANY
TORONTO, ONT.

1-M

THE CANADIAN NURSE EDITORIAL BOARD

Newfoundland

Miss Southcott, Supt. Training School for Nurses, Gen. Hosp., St. John's.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

Cape Breton

Mrs. Lornay, Brooklands, Sydney, N.S.

Nova Scotia

Miss Pemberton, Supt. Restholm Hospital, Halifax.

Miss Kirke, Supt. Victoria General Hospital, Halifax.

New Brunswick

Mrs. Richards, Supt. Victoria Public Hospital, Fredericton.

Miss Hegan, 75 Pitt St., St. John.

Quebec

Miss H. A. Des Brisay, 16 The Poinciana, 56 Sherbrooke St. W., Montreal.

Miss Colquhoun, 301 Mackay St., Montreal.

Miss Emily Freeland, 285 Mountain St., Montreal.

Miss Hersey, Supt. Royal Victoria Hospital, Montreal.

Miss L. E. Young, Asst. Supt. Montreal General Hospital, Montreal.

Miss M. Vernon Young, 56 Sherbrooke St. West, Montreal.

Miss Grace E. Nourse, 5 Elizabeth St., Sherbrooke.

Ontario

Miss Morton, Supt. Gen. and Marine Hospital, Collingwood.

Miss MacWilliams, Supt. General Hospital, Oshawa.

Miss Robinson, Toronto General Hospital.

Miss Janet E. Anderson, 35 Norwich St, Guelph.

Miss Bessie Street, 137 Catherine St. N., Hamilton.

Miss Annie Baillie, 237 Queen St., Kingston.

Miss M. A. MacKenzie, Chief Supt. V.O.N, Somerset St., Ottawa.

Miss M. A. Ferguson, 476 Bonsecord St., Peterboro.

Miss L. Regan, St. Joseph's Hospital, Port Arthur.

Miss Jewison, 71 First Ave., Toronto.

Miss Ewing, 295 Sherbourne St., Toronto.

Miss S. B. Jackson, 36 Prince Arthur Ave., Toronto.

Miss M. Russell, 24 Patterson Ave., Ottawa.

Miss McNeill, 82 Glouceater St., Toronto.

Miss J. I. Gunn, Toronto General Hospital.

Miss E. F. Neelin, General Hospital, Kincardine.

Miss A. M. Connor, 853 Bathurst Street, Toronto.

Miss Mary F. Thomson, 2 Lyman Street, St. Catharines.

Miss J. Ferguson, 596 Sherbourne Street, Toronto.

Miss Lennox, 32 Bernard Avenue, Toronto.

Miss G. A. Hodgson, 26 Foxbar Rd., Toronto.

Mrs. W. Cummins, 95 High St., London.

Miss G. A. Gowans, 5 Dupont St., Toronto.

Miss Butchart, Toronto.

Miss E. Master, 27 Ellen St. E., Berlin.

Manitoba

Miss Birtles, Supt. General Hospital, Brandon.

Miss Wilson, Supt. of Nurses, General Hospital, Winnipeg.

Miss M. I. Burns, General Hospital, Winnipeg.

Saskatchewan

Miss Jean E. Browne, Alexandra School, Hamilton St., Regina.

Alberta

Miss M. M. Lamb, 562 Kirkness St., Edmonton.

Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

British Columbia

Miss Judge, 811 Thurlow St., Vancouver.

Miss M. H. Clarke, 1030 St. Charles St., Victoria.

Miss Rene Norcross, 1274 Mitchell St., Victoria.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

BOARD OF DIRECTORS

Mis J. I. Gunn, Toronto, President.

Miss M. E. Christie, 39 Classic Ave., Toronto, Secretary-Treasurer.

Miss Lennox, Toronto.

Miss J. G. McNeill, Toronto.

Miss A. I. Robinson, Toronto.

Editor

Miss Bella Crosby, 295 Sherbourne Street, Toronto.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Summer Class opens July 6, 1915

Fall Class opens Sept. 22, 1915

Duration of term four months

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.

MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.

It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY

Buffalo, N.Y.

MALTINE

With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY

88 Wellington St. West, TORONTO

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss A. MacDougal; Vice-President, Miss McVicar; Secretary-Treasurer, Miss L. Whiting.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 St. Alban St.; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss Margaret Cameron, 69 Breadalbane Street.

Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

Absolutely Pure and Delicious

An ideal beverage, of high grade and great nutritive value.

MADE IN CANADA BY

Walter Baker & Co. Limited

Established 1780

Montreal, Can. **Dorchester, Mass.**

School of Medical Gymnastics and Massage

61 East 86th St., New York, N.Y.

POST-GRADUATE COURSE

A. Practical: Swedish Movements, Orthopedic Gymnastics, Baking, Manual and Vibratory Massage.

B. Theoretical: Lectures on Anatomy, Physiology, essential parts of Pathology, etc.

All communications should be directed to

Gudrun Friis-Holm, M.D.

Instructor in Massage at the following Hospitals: Roosevelt, St. Luke, New York, New York Post-Graduate, Bellevue, and others.

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone Columbus 7780-7781.

New York—Mary White's Home and Registry for Nurses. Male and Female Massage and hourly nursing. Out-of-town nurses welcome. Transient nurses or other people visiting New York accommodated. Convalescents or others needing nurses' attention cared for. 1017 Lexington Ave., New York City. Tel. Lenox 3504.

POSITION WANTED

Hospital position wanted by graduate obstetrical nurse (2 years trained) for October. Near Montreal preferred. Address: c.o. B. A., 24 Fort Street, Montreal, Que.

Vacancies for Private Nurses and Hospital appointments. Apply Nova Scotia Graduate Nurses' Association, Halifax, N.S.

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$20.00 a month will be paid together with board, lodging and laundry. Application to be made to Miss E. F. Rivington, Superintendent, 149 East 67th St., New York City.

Send your Subscription for this paper to

The Canadian Nurse Publishing Company

32 Colborne Street - Toronto

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss O. Campbell.

Treasurer, Miss I. Anderson, The Ainger Apts., corner Bloor and Sherbourne Streets.

Recording Secretary, Miss M. McNeil, Hospital for Sick Children.

Corresponding Secretary, Miss Keefer, 321 College St.

Conveners of Committees—General Business, Miss Jamieson; Sick Visiting, Misses Dingwall and Copeland.

Press Representative and "The Canadian Nurse" Representative, Miss W. M. Armstrong. Representatives on Central Registry Committee, Misses Fraser and Barnhart.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. Geo. Valentine, 55 Lakeview Ave; Treasurer, Mrs. MacLean, 702 Euclid Ave.

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooke.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Segsworth; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss L. Smith; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss K. Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Luney, Riverdale Hospital; Treasurer, Miss Kirk, 336 Crawford St.

Executive Committee—Misses K. Scott, Murphy, and Mrs. Lane.

Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.

Representatives on Central Registry Committee—Misses Piggott and Rork.

Representative "The Canadian Nurse"—Miss J. G. McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA.

President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss H Sykes, 753 Wolseley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolseley Ave.; Treasurer, Miss J. Tracy, 244 Arlington Street.

Conveners of Committees: Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolseley Ave.

Regular Monthly Meeting—Second Thursday at 3 p.m.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, SEPTEMBER, 1915. No. 9

ADDRESS

By Dr. Proctor, Vancouver, B.C.

I rather think, although your Lady Superintendent would not confess it to me, that I am taking the place of a man much better able to speak to you than I, but in any case, to me has been accorded the honor of saying a few words to you on behalf of the Hospital, as you are about to leave us; standing, as you are, on the threshold of the profession you have chosen. First of all, let me congratulate you upon having, in spite of examinations and other pitfalls—I won't enlarge upon what kind of pitfalls—arrived safely at the goal, and become members of one of the finest professions I know. I do not know what motive induced you to choose the nursing profession, what ideas you had of it, but I know this, that you have found three years of the hardest kind of work, and we should like you to remember that you took that training in what is perhaps the finest hospital in Western Canada, and the training itself is one which enables you to take your place, unashamed, alongside any graduate nurse in the country.

We do not know what the future holds in store for you, but we should like you to know how earnestly we wish you well, and with what kindly eyes and interest we shall watch your career, and hope for your success.

In saying good-bye to you there are one or two things I should like to say on behalf of those who, for the past three years, have watched over you. I should like to say something of the duties and responsibilities of the profession you have chosen. First, your duty to yourself. During your course here you have done a great deal, you have seen a great deal, and you have, I hope, read a great deal. You will not, however, make the mistake of thinking your education finishes with your graduation. There is no profession in which the horizon is so constantly changing, no profession in which there is greater necessity to keep up with the newest thought than yours and mine. Efficiency is only reached by constant painful effort. I have been somewhat

To the 1915 class of Vancouver General Hospital.

amazed during the present war to notice how easily some people seem to think efficiency in your profession may be attained. I have heard of women with little or no training dashing off to the continent "to nurse the wounded." You may have seen a picture in "Punch" some months ago of a titled lady masquerading in the garb of a nurse just entering the room of a wounded "Tommy," and Tommy is looking up with an anxious expression on his face and saying, "Excuse me, your ladyship, but I ain't strong enough to be nursed this mornin'." This strange attitude on the part of the public towards a prolonged professional training was well illustrated in the case of a great friend of mine, a Presbyterian clergyman, a Scotsman who had taken a lengthy and most distinguished career in one of the Scotch universities. He went to a congregation which had been at the mercy of a man who had spent two years in what was known as a literary course, but to which the term "Illiterary" might have been better applied. A few days after his arrival he called upon a dear old lady who asked him how long he had spent at college. He replied. "Seven years," to which she replied that Mr. A. had only required two years, and added, "I suppose, however, some of them learn quicker than others." I am sure if I ask the members of your class to-day what they thought, they would reply with one voice, that every second of the three years' course is none too long to qualify them for the profession of nursing There is no short-cut to learning or to a profession.

"Heights by great men gained and kept
Were not attained by sudden flights,
But they, while their companions slept,
Were toiling upward in the night."

Look after your health. You will be expected to be ready for any call at any time, for any emergency. You will be expected to be always bright and cheerful, to have what has been called "the two o'clock in the morning courage," and you can only do and be that if you are well in mind and body. Get all the fresh air you can, and all the sleep you need. Don't allow your patients or your friends to ruin your health. I am often amazed at the selfishness of some people in times of sickness. We have heard criticism of the long hours of nurses in the hospitals. This, at least, is true, that nothing in the hospital, where the hours, if hard, are regular, compares with the treatment nurses are accorded in some homes where people in their anxiety about the patient seem to forget that a nurse needs sleep and rest. You cannot do your duty to your patient or yourself unless you keep well. So keep well.

Next, your duty to others. You are members of the most honorable profession which brings you into the most intimate and sacred relationship with your patient. I need not tell a graduate of this

hospital to be loyal to her patient and physician. They trust you implicitly, and let me ask you to render not merely the minimum but the maximum service. There are some people who are so afraid of being imposed upon that they are everlastingly on the lookout lest they should do the slightest degree more than the strict performance that duty requires. After an experience of some years, I am of the opinion that nothing is so ruinous to a career than this unwillingness to go one better than what is strictly called for. Now, lest the duties of your profession should be somewhat overwhelming you, let me point you to some of the privileges, its compensations. The responsibilities are great, but great responsibilities bring great opportunities, and the practice of your profession brings with it all that is best in a life of service and sacrifice for others, which is the only life worth anything. In commencing, I said that I did not know what were the motives that led you to choose your profession. I don't know what ideas you had of life or its meaning in the choosing of this career, because, although we must live, life means so much more than being clothed and fed. If, as Thomas Carlyle said, "The aim of every noble life should be to make some nook of God's Creation a little fruitfuller, better, more worthy of God, to make some human heart a little wiser, manfuller, happier"—if this is true, and from what I know of you, I know you believe it is true, then I like to believe that in choosing your profession this was at least one of your motives. In the wards of our hospital, in the homes of our people, you meet the sick and suffering, and the heartbroken. You meet people who are sick because they are heartbroken, and those who are heartbroken because they are sick, and how many have come out of these wards and beds with new health and new hope, because of the quiet influence of some good woman who, as a member of your profession, helped to bring them out of the Valley of Shadow, and place their feet upon the Mountain-Top, not only, as I have said, of restored health, but of renewed ideals. Just before Sir William Osler, who, I suppose, is the most brilliant representative to-day of Canadian medicine, left this country to take the position of Regius Professor of Medicine at Oxford University, he delivered a remarkable address to his fellow-workers—nurses and doctors—in this country, one of the finest addresses of its kind that I know of in the English language. He said: "More than any others we may illustrate the great lesson that we are not here to get all we can out of life for ourselves, but to try and make the lives of others happier." This, he goes on to point out, is the essence of that oft-repeated admonition of Christ's, "He that findeth his life shall lose it, and he that loseth his life for my sake shall find it," on which hard saying, if only we children of this generation would lay hold, there would be far less misery and discontent in the world. It is not possible to have better

opportunities to live this lesson than you will enjoy. Yours is a high and sacred duty. Think not to light a light to shine before men that they may see your good works. Contrariwise, you belong to the great army of quiet workers, physicians, priests, sisters, and nurses all over the world, members of which strive not, neither do they cry, nor are their voices heard in streets, but to them is given the ministry of consolation in sorrow, need, and sickness. To you, the silent workers of the rank, in villages, country districts, in the slums of our large cities, in the mining camps and factory towns, in the homes of the rich, and the hovels of the poor, to you is given the hardest task of illustrating in your lives the old Hippocratic standards of learning, of humanity that will show in your daily life, tenderness and consideration for the weak, infinite pity for the suffering, and a broad charity to all.

Mr. Stevens, in his interesting address to you, spoke of the war. We can hardly think of anything else at present, but one thing the war, I believe, is doing for us as a nation, is to bring home to us the duty of service and sacrifice for others. A few months ago David Lloyd George delivered one of the most remarkable speeches on the war I have ever read, and he closed with these words: "May I tell you in a simple parable what I think the war is doing for us. I know a valley in North Wales, between the mountains and the sea. It is a beautiful valley, snug, comfortable, sheltered by the mountains from all the bitter blasts, but it is very enervating, and I remember how the boys were in the habit of climbing the hills above the village to have a glimpse of the great mountain in the distance, and to be stimulated and freshened by the breezes which came from the hilltops, and by the great spectacle of their grandeur. We have been living in a sheltered valley for generations. We have been too comfortable and indulgent, many, perhaps, too selfish, and the stern hand of Fate has scourged us to an elevation where we can see the great everlasting things that matter for a nation. The great peaks we have forgotten, honor, duty and patriotism clad in glittering white, the great pinnacle of sacrifice, pointing like a rugged finger to Heaven. We shall descend into the valley again, but as long as the men and women of this generation last, they will carry in their hearts the image of those great mountain peaks whose foundations are not shaken, though Europe rock and sway in the convulsions of a great war." The thought I should like to leave with you in going away from us is the value of service and sacrifice. During the last few months we as a nation have been standing with bowed heads at the graveside of those who have died for our country in order that you and I might have life and liberty. This great war will pass and the need of our country will be not so much that people should die for us as that we should learn the meaning and sacrifice of service, if our country is to be great in things that really

count. To few are greater chances given for leaving the world better than we found it, and perhaps it is because so much is entrusted to us that so much will be expected. The possibilities for the exercise of brain and heart are endless. From the scientific side the old order is constantly changing, yielding place to new, but human nature remains just the same, and the inner chamber of the affections is reached in just the same way, but remember that only those may unlock the door who have earned the right to enter in. In closing, let me leave with you the admonition of Hupeland, an old and distinguished member of our profession, "Thine is a high and holy office. See that thou exercise it purely, not for thine own advancement or for thine own honor, but for the Glory of God and the good of thy neighbor."

THE FRENCH FLAG NURSING CORPS

How can we help the sick and wounded soldiers in France?

Much has been done already, and generously done, it is true, but there is still much left to do, and we must do it and do it at once. We all want to help, and help effectually, of course. Some people, however, do not know just how to set about it, while others have a tendency to think that their mite would not accomplish anything. They forget, perhaps, that many mites ultimately make a million.

Among the various schemes which have been set on foot and successfully put into effect by sympathizers with France, that of the French Flag Nursing Corps will certainly rank as one of the most practical attempts to help the French sick and wounded soldiers. The work of the corps cannot fail to interest all those who know from experience what skilled nursing really means, and what an important role it plays in giving back to the country men whose lives might otherwise be lost.

As soon as war was declared a large committee was formed in London with a view to offering to the French Military Hospitals a certain number of fully trained nurses. The proposal was gratefully accepted by the French Government, which even offered to share a part of the expense entailed, thus proving the necessity of such expert help. This sum, however, by no means covers the total expenses of the undertaking, and to-day the committee is in urgent need of funds with which to continue the work.

At first it was only a tentative venture, depending largely upon the tact and devotion of all concerned, especially that of the nurses. To-day the value of the French Flag Nursing Corps to the Service de

Sante, under the direct supervision of whose officials the work is carried on, is incontestable. It is daily growing into a far more important affair than was ever dreamed of by its founders, and, in spite of the difficulties which necessarily arise from time to time, it is quietly and successfully accomplishing the work it set itself to do.

It is comparatively easy to nurse French soldiers under our own doctors and with a personnel speaking our language, but it is quite another matter to go into French Military Hospitals themselves, under French military doctors and orderlies, and to find oneself in contact with the French military authorities, whose routine methods are so different from our own. Difficult for us, of course, but even more so for them. Both contracting parties, however, have bravely stood the test, and have broken down all the barriers which might have proved insuperable. To-day, over one hundred and fifty fully trained F.F.N.C. nurses are tending the French sick and wounded soldiers in their own hospitals, most of which are in the military zone, and are working under the direct orders of the French Minister of War. The nurses rank as officers, are treated as such, and are becoming more and more valuable as time goes on. The Service de Sante is begging for more, but owing to the fact that its funds are giving out, the committee is unable to satisfy these demands

The modest sum of $1 from all those who in time of sickness have enjoyed the comfort of a well-trained nurse, and feel therefore that they owe a debt of gratitude to the profession, will enable the French Flag Nursing Corps to continue its mission of nursing the sick and wounded soldiers of France; it will enable the committee not only to keep on duty the nurses already in the field, but to double, even treble their number, as the need for them arises.

This is the time to help the French sick and wounded soldiers. The hospitals are overflowing, and the number of them is increasing all the time. There were under two thousand at the beginning of the war—now there are over five thousand. The English are holding thirty-one miles of front. The French are holding five hundred and forty-three miles! The British military hospitals are amply equipped with first-class nurses; the French soldiers are largely dependent upon the volunteer services of the French Red Cross.

Our nurses are caring for between 3,000 and 4,000 patients to-day and we want to double that number. Fifty hospitals are asking for their help. To increase the activity and usefulness of the French Flag Nursing Corps to its maximum effort, the committee must have the wherewithal to meet the expense. Will you help in this work of mercy?

A PLEA FOR HELP IN THE PREVENTION OF BLINDNESS

Note.—As work for the prevention of blindness develops, it becomes increasingly apparent that the actual saving of sight in individuals may very largely be accomplished by nurses and nursing organizations.

There are even now many lives being spent in the light that would otherwise have dragged out in darkness but for the quick perception and determined action of nurses. We believe that such effort would be much more widespread if there were a more general understanding among nurses of just how appealing this service is and in what way it may be rendered.

Many are helping and many want to help, and so we frequently receive requests both from nurses and from club women, asking for guidance in inaugurating or carrying on prevention of blindness work. The National Committee for the Prevention of Blindness accordingly has worked out the following program, with the hope that it may meet the need of such inquirers.

Through their vision, their sympathy, their public spirit and splendid ability, nurses are pre-eminently fitted to engage in the crusade against unnecessary blindness, and so we are requesting that this program be reprinted in these pages with the hope and belief that we will thereby secure added and zealous recruits for this service.—C.C.V.B.

What Women's Clubs and Nursing Organizations can do to Prevent Blindness

"It is estimated that 50 per cent. of all blindness is preventable." This statement will be surprising to many—that one-half of the sightless people in this country need not have been blind had proper care been given to their eyes. But it has long been known by those endeavoring to prevent unnecessary blindness that more than a quarter of the pupils in the schools for the blind are sightless because their eyes were not properly treated during the first few days of life, that poor midwives are in part responsible for this tragedy; that children become totally or partially blind from neglected "sore" and "weak" eyes, and from neglect after attacks of such infectious diseases as measles, scarlet fever, etc.; that progressive nearsightedness among children may cause total or partial blindness if neglected; that household and industrial accidents cause the loss of many eyes; that drinking wood alcohol or inhaling its fumes in close places causes both blindness and death; that inadequate lighting and glaring surfaces are responsible for much visual disturbance, including eye-strain; and that eye-strain is a frequent cause of both mental and physical inefficiency.

Visiting nurse organizations and women's clubs, working indé

pendently or, better still, together, can perform valuable service in the elimination of these causes, thereby saving babies, children and adults from lifelong blindness.

"Babies' Sore Eyes" (*Ophthalmia Neonatorum*)

This disease, which causes so much blindness, is preventable and, if taken in time, is curable.

The prevention of blindness from babies' sore eyes is accomplished through the routine use of 1 per cent. solution of silver nitrate, or some such prophylactic, in all infants' eyes immediately after birth, and by prompt and skilful treatment of babies' eyes when they become red, swollen and discharging, whether or not a prophylactic has been used.

1. Does the birth certificate used in your locality include the question, "What preventive did you use for ophthalmia neonatorum? If none, state the reason therefor"?

2. Are prophylactic outfits distributed gratuitously by your Health Officer to doctors and midwives?

3. Are doctors, midwives and parents required to report to the Health Officer, within six hours, redness, swelling or discharge from the eyes of infants in their care who are under three weeks of age?

4. Is this reporting law printed on the birth certificate—thus acting as a constant reminder?

5. Has the Department of Health a nurse in its employ, or does it so co-operate with a nursing organization that it may send a nurse at once to visit each reported case and secure adequate medical or hospital treatment for uncared-for cases?

6. Are there such hospital facilities for the care of babies' sore eyes that the Health Officer may send an infant to a hospital without delay if the eyes are in a serious condition?

Take these points up with your Health Officer, interested oculists and obstetricians, and don't rest until they are all attended to. Make it your business to see that any baby suffering from sore eyes, of which you have knowledge, is given prompt and adequate medical attention.

Try to have at least one nurse in the community for eye work exclusively, and see that there are hospital facilities for treatment of severe cases of babies' sore eyes.

Midwives

These women attend about half the births occurring in this country, and the majority of them are dirty, ignorant and generally unfit to assume the care of mothers and babies. Although the carelessness of many physicians is equally reprehensible, it is due in great measure to the ignorance and neglect on the part of midwives that many babies become blind from babies' sore eyes.

1. Are there midwives practising in your community?

2. Are they registered by an official body?

3. Is it required that they be adequately trained; pass an examination; obtain a license; and register before beginning to practise?

4. Has your community a midwife training school connected with a good hospital?

5. Do the practising midwives give clean, careful nursing care to mother and child, and instruction to the mother concerning hygiene of pregnancy and care of her child?

6. Has the State or City Health Department adopted rules regulating midwives' practice in detail and requiring them to summon a physician in all but normal cases?

7. Are there inspectors to enforce the rules and give helpful advice to the midwives?

Make it your business to find out about this, for the sake of the mothers and babies. Your Board of Health is the proper body to have control of midwives. The Board of Education should regulate their training and licensure.

Eyesight of School Children

Many normal children seem backward because they have sore eyes or defective vision. Failure to correct these defects will probably mean continued retardation for many of the children, and inability to reach their highest possible mental and physical development and economic efficiency. Continued neglect may result in partial or total blindness.

1. Are all class-rooms in your schools adequately lighted?

2. Are the blackboards and tops of the desks lustreless?

3. Are all of the desks adjustable?

4. Are the children's eyes carefully and regularly examined for nearsightedness and other visual defects, and for various kinds of "sore" eyes?

5. Is this done by an oculist?

6. Are there clinics where school-children with "sore" or "weak" eyes may be treated?

7. Is there provision for furnishing eyeglasses to indigent children who need them?

8. Are common towels allowed in your schools? (They spread eye diseases.)

9. Are the children taught how to take care of their eyes?

Improving the eyesight and general surroundings of school children will be of immediate benefit to them, and will increase their chances for enjoying health and prosperity later in life.

Talk to your Board of Education about this—it is important. The children can't do it themselves.

Industrial Accidents

Many good workmen are seriously handicapped and even become public charges as a result of losing one or both eyes in an accident that might have been prevented. Men, women and children often suffer from severe eye-strain because they are not provided with adequate light while at work.

1. Are workmen in the factories and shops in your locality protected from eye accidents by goggles; guards on emery wheels; screens to catch flying chips; guards on water gauges; etc.?

2. Are the factories, workshops, and workrooms adequately lighted?

3. Are workmen examined to see that they are not especially liable to accidents because of defective vision?

Take these points up with your Department of Labor, Industrial Safety Commission, or some similar body.

The eyes are breadwinners and must be carefully guarded.

Wood Alcohol

Wood alcohol is a poison which may cause blindness or death if swallowed, or if its fumes are inhaled in an inadequately ventilated place.

1. Have you a law forbidding wood alcohol to be sold in any form without a poison label and warning?

2. Is the use of wood alcohol absolutely forbidden in beverages, medicines, and toilet preparations?

3. Are your druggists, paint and varnish dealers, liquor dealers, grocers and barbers prosecuted for failure to comply with the above restrictions?

4. Is wood alcohol used in any of your local industries? If so, are employers required to protect their workmen from poisoning by providing adequate ventilation?

Your Board of Pharmacy, Department of Labor, Health Department, and Commissioner of Excise have jurisdiction in this matter. Find out what they are doing about it. In the meantime, urge your druggists to give up the sale of wood alcohol, and urge your friends to use denatured alcohol instead. It is safer and cheaper than wood alcohol.

The National Committee for the Prevention of Blindness wants your help and co-operation in spreading the knowledge that much blindness is needless. It has data and information, lantern slides, exhibits and pamphlets on the various causes of unnecessary blindness

and methods of prevention, and it is glad to share these with workers in all parts of the country.

In order to accomplish the ends suggested in the foregoing program, it is necessary to have official action, supported by public opinion. Try to have at least one big popular meeting annually under the joint auspices of the local Medical Society, the Health Officer, Superintendent of Schools, Y.M.C.A., women's clubs, nursing organizations, and relief agencies. Arrange for talks before school children, mothers' clubs, etc., and secure as much newspaper publicity as possible. Write to the National Committee for suggestions and assistance.

The educational work must be sustained—the effort unremitting.

ELLA L. BLAIR,
Chairman, Public Health Department, General Federation of Women's Clubs.

CAROLYN C. VAN BLARCOM,
Chairman, Committee on Prevention of Blindness and Midwives National Organization for Public Health Nursing;
Secretary, National Committee for the Prevention of Blindness,
130 East 22nd Street, New York City.

GLEANINGS

The Bulletin for July, 1915, issued by the Canadian Red Cross Society, contains much interesting information. The President has returned from his tour of observation at the seat of war. He has been honored by the new rank of Surgeon-General. The information which General Ryerson brings with him will give new impetus to the work, though "the splendid record of receipts, both in cash and supplies, shows that the Canadian people have already risen to the needs and opportunities of the war."

These excerpts will be of interest:

"His Majesty the King has conferred the Order of the Royal Red Cross on Miss Campbell, Matron of the Duchess of Connaught Red Cross Hospital at Cliveden. The executive has already cabled its congratulations to Miss Campbell, and all members of the society will feel honored by this signal proof of Miss Campbell's ability and of the general excellence of the hospital under her charge. The hospital was inspected by Her Majesty Queen Alexandra, who expressed herself as much pleased with her visit."

"A wounded Belgian officer has given a touching description of an incident that occurred the other day in the Belgian trenches on the Yser. He says: 'Queen Elizabeth, who was not less entitled to our

reverence and homage than King Albert, went to speak to her soldiers. The men in the trenches did not recognize the kind and graceful lady as the Queen. One man said: "Come along, madame, make yourself at home." Another soldier said, "Ah, but, madame, this trench is dangerous." The Queen replied. "Not for me, I am small." One of the men produced a sack and placed it on the slope of the trench. The Queen sat down on the sack and began to distribute the chocolate and cigarettes she had brought. Presently another soldier came from another position and, recognizing Her Majesty, said: "Oh, the Queen!" All the soldiers, of course, rose and stood to attention. Her Majesty, after expressing kind wishes for their welfare, left the trench. On the sack on which she had sat are now inscribed the words: "The resting-place of the Queen." The soldier to whom the sack belonged was asked whether he would sell it as a souvenir, and he replied, "Not for a hundred thousand francs." ' "

"Canadian Nurses: Since Monday the nurses have been under the direction of Miss Swift, Matron-in-Chief of the joint committee of the British Red Cross and St. John Ambulance Association. The ladies are all well, and during the week were outfitted in a similar manner to the first detachment. The uniforms are of a serviceable grey, and they have been favorably commented upon.

"It is impossible to state whether the nurses will be detailed for duty during the coming week, but it can be taken for granted they will not be long idle with so many unfortunate wounded daily reaching England from the Continent."

"Nurses' Rest, Cheyne Place: This house is in charge of Nursing Sister Cameron-Smith, who reports that during the month of May Sisters Nesbitt, Boulter, Manchester, Hayhurst and Younghusband were in residence. The latter arrived on May 29th from Le Touquet, where she had been on duty since November last."

"This home has been used by the nurse in charge, Miss Cameron Smith, for the entertainment once a week of wounded Canadians who are in hospital adjacent thereto."

That this privilege is appreciated by our soldiers is shown by this letter to Col. Hodgetts:

"I understand it is owing to your kindness that I and half-a-dozen of the other Canadian patients of this hospital have been able to spend several very pleasant afternoons at the Canadian Nurses' Home at 13 Cheyne Place. I thought I would tell you how very much

we enjoyed ourselves there and of the kindness of Sister Cameron-Smith, who did her very best to make our visits enjoyable. The boys are very, very grateful, as they seem to feel more at home there than anywhere else in the city.

"Thanking you very, very much for your kindness."

The Matron at Le Treport Hospital, France, says:

"I would like to try at least to convey to you our very great appreciation of the Red Cross Society in connection with what it has been doing for No. 2 Canadian General Hospital.

"We have our Red Cross stores in tents assigned for that purpose, and an orderly, detailed by the O. C., is in constant attendance at the tents. He issues stores to the various parts of the hospital, but only under the supervision of my assistant or myself. All the stores so issued are entered in the stock book supplied by the Red Cross Society, and a stock sheet is sent each week showing the stores issued.

"These stores we guard carefully and, I know, are given out judiciously and only when things cannot be obtained from ordnance.

"Liberal as the ordnance is, I can safely say that without the Red Cross stores we would oftentimes not know where to turn, especially when a large convoy of sick and wounded arrives. At such a time the Red Cross stores are looked upon by the Sister, not only as luxuries and comforts, but as actual necessities, for we all consider that the very best of what we have is none too good for the man who has given up everything to go out and take his part in defending our liberties for us.

"I wish the women at home who are so busy making all these Red Cross supplies could fully realize how much their work means to us, who have had the great privilege given us of being sent over here to care for the sick and wounded, and what a comfort it is for us to know that such supplies are available and will continue to be available so long as there is need for them.

"I am afraid I have very poorly expressed the appreciation I feel, but I would like you to know how grateful we are, and thanking you very much for all the supplies you have already sent us."

The Matron at No. 1 Canadian Hospital at Wimereux, France, writes:

"Many thanks indeed for the prompt attention given to our indents for hospital supply in the months of April and May.

"These supplies have been our treasures and already the initials

of our Canadian Red Cross flag mean to each Sister 'Comforts Ready Constantly.'

"This assurance is truly a comforting one, carrying as we do so often a surplus of patients over our bed capacity, makes the demand on the ordnance stores greater than the supply, with the result—our keen appreciation of Red Cross.

"No patient ever lacks a clean set of pyjamas, bed socks, bed jacket, or, greatest of all, a nice clean gauze handkerchief and wash cloth. These latter, together with the triangular bandages and the swabs, make daily routine much happier both for patient and Sister.

"Again accept my thanks on behalf of the patients, Nursing Sisters and myself, and be assured that I am an 'Oliver Twist,' and so will constantly 'ask for more,' but will do all in my power to guard against waste by a thorough appreciation of the value of each article which comes from the kindest of friends—the people of the Home land. I am affixing a list of articles required, although perhaps not already in your stores."

A movement to divorce the preliminary training of nurses from the hospitals and to establish in State universities throughout the country schools in which training of a higher standard can be guaranteed than by the present system, was launched with great enthusiasm at a session of the International Council of Nurses, in the Greek Theatre of the University of California. That the University of California might be chosen as the first of these schools on the Pacific Coast was intimated by Miss Annie W. Goodrich, president of the council and presiding officer.

"We are meeting in this university for a reason," said Miss Goodrich. "As has been known, there is a fund in memory of Florence Nightingale, with which we had hoped to endow a course of training for nurses. The course cannot be endowed this year, as part of the fund is being spent, as Miss Nightingale would have liked it to be, in relief work in Europe. However, a large sum is on hand, and we can now say that the connection between universities and the proposed schools for nurses has already been started."

On the same subject, Miss Sophia F. Palmer, editor of the American Journal of Nursing, said: "There is a tremendous movement on foot for the complete reorganization of the manner and method of the training of nurses. It means the establishment of certain schools as departments of universities for the preliminary training of nurses and the relieving of hospitals of all but those responsibilities that compare to the interneships of physicians. It will mean schools as efficient

as the medical schools, certificates of graduation, and a great raising in standards."

Speakers included Dr. Henry B. Favill, of Chicago, who urged that physicians of the best standing aid in the education of nurses.

"Cupid finds comparatively few recruits among the nurses constituting the National Organization for Public Health Nursing, according to Miss Ella Phillips Crandall, of New York City, executive secretary of that organization.

"Miss Crandall attributed this to the fact that sick-room nursing is dull and monotonous as a rule, and nurses quite frequently marry to escape its drudgery, while with public health nursing quite the opposite is the fact. In this line of work there is much variety. The work of the nurses takes them daily into different social environments.

"There is such a diversity in their labors, argues Miss Crandall, and their work becomes so fascinating that they cease to consider marriage. These women find there is so much good to be done among the poor and needy; so wide are their possibilities for benefiting mankind by building up the health of a community that, once they become engaged in their work, they care for no other line of activity."

"Public health nursing is really a science and is coming to be recognized as such. This type of nurse is growing away from the physician. The work largely takes the place of the doctor in that it educates people to care for themselves or others, and at the same time prevents the spread of disease through a recognition of sanitation. There are more than 5,000 women engaged in this work in the United States."

"Both the advantages and disadvantages of the eight-hour law for women, particularly as it affects pupil nurses in hospitals with training schools, were brought out in papers and discussions before the convention of the National League of Nursing Education. Mrs. H. W. Pahl, of Los Angeles, read the chief paper, and her conclusion was that although the law had many disadvantages it was a step in the right direction.

"Her experience of nearly two years showed, she said, that the measure tended to increase the health and happiness of young girls who are training to become nurses, but that it added a burden on those who maintain hospitals, or who are compelled to seek hospital treatment."

"Harvard College is going to hear from the American Nurses' Association and its affiliated bodies on its refusal to permit women to attend its public health courses. At a session of the convention of the National Organization for Public Health Nursing, the resolutions committee was unanimously instructed to draft resolutions protesting against the action of the Harvard faculty. These resolutions will later be presented for ratification to the other conventions now in session and then be submitted to the American Nurses' Association for adoption.

"It was said during the general discussion of this formal protest, that all the conventions now in San Francisco would endorse such a resolution. Later it will be sent to the Harvard faculty, with protests to be secured by as many State and other nursing organizations as possible in the United States."

"The most popular form of legislation pertaining to women has been that which has provided for the State registration of nurses, declared Louise Perrin, of Colorado, before the general session. She added that it was in South Africa, in 1891, that the first nurse registration law was enacted. It was two years later, 1893, that the second law was enacted, which was in New Zealand. New Jersey was the first State of the Union to recognize the nursing profession to the extent of requiring a registration for nurses. That law was passed in 1903. Since then forty-one States have enacted laws similar in intent, and there is a movement in the remaining to enroll them in the same cause."

Immediately following an address by a full-blooded Indian woman on the subject of "Indian Nurses and Nursing Indians." the American Nurses' Association, at its convention, unanimously adopted a resolution requesting the Indian Bureau to provide medical and nursing facilities for the Indians now on the Government reservations.

The speaker was Miss Estaiene M. De Peltquestangne, a member of the Kikapoo Indians, and a graduate nurse who has been working among her people in Ohio for a number of years. Miss De Peltquestangne declares trachoma and tuberculosis are two of the diseases most prevalent among Indians, and said the death rate from tuberculosis was about three times that among white people. She also said the funds provided by the Government for medical and nursing treatment were pitifully inadequate.

At a session of the National Organization for Public Health Nursing it was announced that circular letters are to be sent to all large

department stores and factories in California, urging the employment of at least one graduate nurse for social work and educational purposes.

It is contended that a nurse can accomplish much by daily visiting the homes of the employes to look after the sick or injured. When their services are not required for those purposes, the nurse could hold classes at the factory or in the store, instructing both the men and women in hygiene and sanitation. By her social endeavors it will be the aim of the nurse to raise the social standard of her fellow employes by interesting them in books or improving home conditions.

Uncle Sam has aroused the ire of the nurses, for the Bureau of Labor at Washington has classified nursing as labor, instead of as a profession, and as a result graduate nurses of Canada, England, and other foreign countries cannot practise their profession here. At the convention the secretary was instructed to set forth the attitude of the association in a letter to the Secretary of Labor.

We note in *The Nursing Journal of India* that untrained women pose as nurses in India too. The complaint noted was that two women who had *no* certificates at all were on the staff of a hospital and were on the same footing as regards salary, duties and privileges as the rest of the staff, who are all trained nurses.

Sydney, Australia, has recently appointed two policewomen.

A unit of registered nurses from South Africa, selected professionally, and under the supervision of Miss J. C. Child, has been offered to Mrs. Fenwick for service with the F.F.N.C., all expenses guaranteed. This offer has been accepted by the committee, and it is hoped the unit will shortly arrive. Miss Child is a most experienced military nurse, and holds the Diploma and Distinguished Order of the Greek Red Cross, the medal of the Boer War, the Mayor's medal for the siege of Kimberley, and the Order (Hon. Serving Sister) St. John of Jerusalem.

Miss Child has been nominated by the nurses of United South Africa for the Presidency of the South African Trained Nurses' Association.—*British Journal of Nursing.*

TO REGULATE THE PRACTICE OF NURSING

The Commissioner of Health in New York City has considered the necessity of amending the "sanitary code" in order to provide for stricter regulations intended to insure better nursing care for the sick.

His purpose is based upon his observation that directories and other agencies are furnishing to employers non-graduates and many poorly equipped nurses, even when the employer has requested and thinks he is obtaining a graduate.

The amendment which he would have adopted reads as follows:

"No person other than one who shall have graduated after a course of training of not less than two years' duration from a hospital training school for nurses shall practice as or hold himself or herself out to be or by any one held out or represented to be a trained, graduate or certified nurse, or use any letters, words, or figures to indicate that such person is a trained, graduate or certified nurse."

Nurses who have long and strenuously advocated registration by the State must feel justified for their efforts in having their theory supported by so great a personage as the Health Commissioner of New York City.—*The Modern Hospital.*

IS NURSING A PROFESSION OR A TRADE?

In The Modern Hospital will be found a letter from the Acting Commissioner of Labor concerning the admission of training school pupils and graduate nurses from Canada.

It is the purpose at this time to call attention only to the last three lines of the commissioner's letter, namely, that "Nurses are not specifically mentioned in the exception, and the department has held that nurses do not belong to a recognized learned profession."

For years the writer of this editorial has warned the leaders in the nursing world that they were heading their high calling toward a maelstrom of labor unionism. He called special attention to the California eight-hour law as proposed to affect nurses, and urged that this Act was the parting of the ways between professionalism and union labor, and that the enactment of this law would cost the nursing profession years of woe and the hardest kind of work on the part of its best friends to undo the evil.

No one can possibly doubt the high purpose of such women as Miss Nutting, Miss Goodrich, Miss Maxwell, Miss Parsons, Miss Lawton, Miss Noyes, Miss Cooke, and their colaborers, but one may seriously doubt the wisdom of their insistence that the nursing profession shall be classed with union labor as to fixed hours, fixed wages —indiscriminately for the efficient and the inefficient, and at the same time retain the high position they demand for the profession alongside the other "learned professions."

The writer of this editorial warned the leaders in the nursing profession against the folly of the California law and attempts to enact

similar laws in other states, and in an editorial at the time prophesied that the time would come when the medical profession and the other friends of the nursing profession would have to join all their energies to undo the wrong.

That time is now come, and it becomes the duty of all of us to put our shoulders to the wheel and help lift the nursing profession out of the ruck in which it finds itself, and again set it upon the high plane of a "recognized learned profession."

The first thing to do is to ask for a reopening of the case before the Department of Labor, present our evidence that nursing is a "learned profession," and make our fight. The next thing is to clear our skirts of all the evidences of labor unionism by striking off our lists of demands all reference to fixed hours, regardless of conditions, and fixed, arbitrary wages for graduate nurses without reference to their efficiency. When we have done these things there is no doubt that nursing will really be again one of the "learned professions."—*The Modern Hospital.*

DEATH OF MRS. McEVOY

Announcement of the illness of Mrs. Fanny Wilde McEvoy, the aged Nightingale nurse, who, for four years, has been supported by the contributions of nurses scattered in a dozen or more different countries, has been made through these columns from time to time. It will be, therefore, no surprise to her friends to hear of her death, which took place in Detroit on July 29th. She had passed her eighty-sixth birthday a few weeks before her death.

On January 30th of this year she was stricken with paralysis, and since then has been bedridden. For two years she has been comfortably cared for in a boarding home for old ladies, and as far as human hands could secure comfort she lacked nothing needful. During part of her illness she had the services of a special nurse.

She is probably the last member of the first class of nurses trained in the Nightingale School at St. Thomas' Hospital, London, England, to be laid away. It will always stand to the credit of the nursing body that her last days were not spent in the county almshouse, which four years ago seemed to be the only refuge for the old couple. However, once the situation was made known, nurses from the corners of the world rallied to her support and announced themselves ready to contribute as long as might be needed. English nurses, through the treasurer of St. Thomas' Hospital, sent about $75.00 the first year. Special mention should be made of the Ohio Nurses' Association, the West Virginia Nurses' Association, the Graduate Nurses' Association of Ontario, the Alumnae Associations of the Massachusetts General

Hospital, the Waltham Training School, the Hospital for Sick Children, Toronto, the Toronto General Hospital, and other associations who have sent annual contributions from the time the fund was started. Until the past year the nurses in the American Hospital, Mexico, have contributed, and in a number of different cities individual nurses have collected sums ranging from $2.00 to $25.00 for her care. The list of contributors has been a very long one—it would require pages to acknowledge each individual contribution, which came mostly in the form of one dollar bills. Until one has to write acknowledgments for each dollar, one scarcely realizes how many one dollar bills it takes to make a hundred. However, the beautiful thing is that nurses cared enough to want to help, and to do everything possible to make the last days of the old veteran of the nursing profession free from worry of every kind. To the old lady herself her support always seemed a miracle, and she always accepted it as sent from the Lord in her hour of need.

Every letter received has been preserved, and a careful account has been made of all contributions. A statement will be sent to any contributor who desires it. Bills for funeral expenses have not yet been presented, but it is estimated that there will remain to her credit in the bank about $175.00, enough to provide a neat stone and leave a small sum for flowers each year for some years to come.

To the writer, her care has been a labor of love, tedious many times when scores of dollar contributions had to be acknowledged, but from the beginning it has been a task which was never to be laid down till the end came. It goes to prove that when one starts a good thing there will always be found willing hearts and hands to help. To all who have contributed in any way to the care of Mrs. McEvoy during the past four years the writer wishes to express her personal thanks.

CHARLOTTE A. AIKENS.

Editorial

AN OPPORTUNITY FOR SERVICE

The nurses of Canada have responded nobly to the calls for service that have come to them because of the war, whether it meant service at the Front or the equally important work of making supplies at home.

Now there comes an opportunity for service to one of our Allies which we cannot afford to let slip. In France nursing is in its infancy. It has only been by the strenuous efforts of a few devoted people that the true spirit of nursing has come into being there. We know how carefully this spirit must be fostered in order to develop properly. English nurses have done and are doing much to further this development and place nursing on the plane it should occupy. The war gives a peculiar opportunity to do this much more quickly and effectively than it could be done in time of peace, and the call comes for volunteers to assist.

Nurses of Canada. this is your opportunity to help demonstrate to a people more than willing to learn, just what true nursing is. The devoted workers in France will never forget your service. This is an opportunity not only to help give the suffering soldiers the care they need, but to establish a close relationship and co-operation with the nurses of France that will be a blessing to nurses and nursing for all time.

We are satisfied that there are nurses waiting for just such a call. Here is your opportunity!

Miss Ellison's letter sets forth the need, and supplies necessary information. The pamphlet on another page gives further information.

The need is urgent and the time to meet it is **now.** We trust the response will be hearty and becoming Canadian nurses.

Names and addresses may be sent to the Editor at 12 Selby Street, Toronto.

Dear Madam:

My cousin, Professor Watson, of Toronto University, has given me your address, and has asked me to write to you explaining our work. He says he is sure you will be interested and perhaps help us.

I am enclosing our appeal, which will explain a little the work we

are doing. As you know, the greatest part of the nursing in France is being done by Red Cross ladies who are all voluntary workers. Although one cannot help admiring the skilful way in which they work with so little experience, one is obliged to admit that to them the science of nursing means only the dressing of wounds, with the result that all the details that we call nursing are left in the hands of French orderlies—untrained men recruited generally from those unfit for military service.

The object of the French Flag Nursing Corps is to supply fully-trained women to the French Military Hospitals, and thus realize a notable amelioration in the treatment and care of the sick and wounded soldiers, while at the same time we hope to raise the whole tone of nursing in France.

Do you think it will be possible for you to send us a certain number of fully-trained nurses? These nurses should, of course, be examined by a first-class physician, so that their physical condition would enable them to stand the strain of the difficult conditions under which our nurses sometimes have to work. They must be both vaccinated and inoculated against typhoid. They should speak French, and, of course, their moral character must be above reproach. We have already a few Canadians attached to the Corps, and they have been admirable in every way, with a splendid spirit of adventure, most adaptable, and really make better pioneers than their more insular English sisters.

The French Government offers the F.F.N.C. nurses a salary at the rate of 1,040 francs per year, a lodging allowance of 350 francs a year, food at the hospital, and 100 francs for uniforms. To Canadian nurses earning a comfortable living this will, of course, seem a ridiculous salary, but it is war time, so nurses coming over will have to get a committee or friends to supplement this and pay their traveling expenses to and from Paris. We, of course, hold ourselves responsible for the nurses who come out in the service of the corps. I myself visit them at regular intervals in the hospitals, and we do everything possible for them in case of sickness. The French Government asks them to sign on to the end of the war, but in case of sickness or some equally urgent reason the contract can, of course, be broken. The nurses must understand that they are in the employment of the French Government, and are, therefore, just as much bound as they would be at home. We are only the intermediaries deputed by the French Government to look after their physical and moral well-being as well as to recruit the necessary nurses. I am, dear madam,

Yours truly,
GRACE ELLISON.

THE SAN FRANCISCO CONVENTION

The San Francisco Convention has passed into history. The attendance seems to have been all that could be desired. The only regret is that it was not an International Convention, as representative of the nurses of the world as the National one was of the United States.

The enthusiasm engendered by the feast of good things in the way of splendid papers and helpful discussions will bear fruit in better work more joyously done in the days to come.

The privilege of attending this convention was not for all, but all may read the papers, which will doubtless be reproduced in *The American Journal of Nursing*. We can thus learn many of the things that were emphasized by the different workers and so be helped to a larger view of our profession and be enabled to do our own particular bit more faithfully and effectively.

We have gleaned some of the good things from reports kindly sent us by one of our Montreal members, whose privilege it was to attend. These appear on another page.

THE CANCER MENACE

This is the subject of a strong editorial in the *New York Journal of Medicine*, which it would be well if every nurse could read. The campaign against cancer is as important as that against tuberculosis, for the disease is so prevalent and the death rate so appalling that any measures of prevention should receive our careful consideration.

The writer goes on to say that:

"The very early diagnosis of cancer is difficult, exceedingly difficult. This is especially true of internal cancer, while, on the other hand, superficial manifestations on integumental or mucous surfaces, while they lend visual proof to our aid, almost invariably take on the malignant cell changes under the protection of what we look upon as a simple benign growth.

"Instruction of the laity regarding cancer, its early symptoms and the most frequent parts of the body affected, will go far toward reducing its frightful mortality. From an analysis of 400 cases received and tabulated from surgeons' reports, it is shown that in superficial cancer only 68 per cent. were operable when they came to the surgeon, and of the deep-seated cancers only 48 per cent. or less than one-half were operable. Another important fact derived from these reports is that in 39 per cent. of the superficial cancers and in 46 per cent. of the deep-seated cancers there had been a precancerous condition or a chronic

irritation. In other words, in almost one-half of the patients who were sent to the surgeons with a fully-developed cancer, there had been a previous condition which might have been cured and the development of cancer arrested. It was also shown that in the superficial cases the patients were aware of their condition but probably unaware of its nature, on an average of one year and six months, and in deep cancers, the signs of the disease were evident to the patients one year and two months before they sought the aid of a surgeon.

"The campaign now so vigorously waged by medical and social organizations is to impress upon the mind of every individual, the knowledge that cancer in its incipiency is curable by operation. The fear of being told by a physician that a certain growth is cancer should not deter but rather hasten a consultation, and submission without delay to an operation, if so advised."

Nurses often have the opportunity of directing incipient cases to consult a surgeon, and no such opportunity should be neglected. Is not the conservation of health one of the nurse's most important duties?

SOCIAL SERVICE COURSE

The Department of Social Service of the University of Toronto has issued a calendar which gives full information concerning the course for the academic year beginning September 27, 1915.

The necessity for training in this branch of work is recognized by all and the establishment of this course in one of our universities has been a great boon to Canadian nurses, who have previously had to go to the United States for any special training along this line.

Many nurses availed themselves of the opportunities of this course last year. The demand for trained social workers is ever increasing, so there is every probability for a larger number of students this year. Write to the Bursar of the University for a copy of the calendar.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Helen N. W. Smith, Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

The regular monthly meeting of the executive was held in the Club House, 295 Sherbourne Street, on Wednesday, July 29th, 1915, the President, Miss Madden, in the chair.

The following members were present: Misses Gunn, Dyke, Matheson, Dixon (Peterboro); Jamieson, Jackson and Dickson.

The Eligibility Committee report was made by the convener, Miss Gunn, showing that the circular letter was sent to 192 hospitals, including both private and public institutions. Of these, fifty maintaining training schools replied promptly and fully. Twenty-seven replied where training schools were not maintained, leaving a total of 112 not heard from. The secretary was instructed to send reminders to those missing, so that a complete record could be on file. As a result of the report it was moved by Miss Gunn, seconded by Miss Dyke, that the following resolution be presented to the association at its special meeting:

"That nurses graduating from a training school in connection with a hospital with a daily average of twenty-five occupied beds, and giving its pupils not less than a two-years training in general nursing, or giving an equivalent training in one or more hospitals, and whose curriculum has been approved by the Board of Directors of this Association shall be eligible for membership."

Report was then read from Miss Weyer, secretary War Committee, Toronto. After some discussion it was decided that the Toronto War Committee be authorized to represent the G.N.A.O., as it was thought that in this way the work of Red Cross nursing would be facilitated, since all applicants have to be considered by Dr. Copp, of Toronto, and that the formation of another committee would only be confusing. A letter to this effect is to be sent to Dr. Copp.

Moved by Miss Jamieson, seconded by Miss Gunn, that the special meeting of the G.N.A.O. be held at the General Hospital on September 10th, at 1 30 p.m.

The Gulf Islands' Lady Minto Hospital, at Ganges, Salt Spring Island, B.C., is being enlarged. When finished it will be a very complete and handsome little institution.

The Victorian Order nurses in Victoria are now established in their attractive and comfortable little home.

Miss Irene Smith is acting Superintendent for Miss Sarney, of the Lady Minto Hospital at Melfort, Sask. Miss Sarney is on leave for three months. Miss Morton left Montreal the end of July to open the new Country District at Cut Knife, Sask. Miss Drew is in charge of the Country District at Roblin, Manitoba; Miss Edith Williams of the one at Paynton, Sask.; Miss McKee, of the one at Jedburgh, Sask; Miss Kervin of that at Fairlight, Sask.; and Miss Skuse of the one at Hyde Park, Sask.

Miss M. Ritchie is Superintendent of the Lady Minto Hospital at Minnedosa, Manitoba, and Miss Heyes is her assistant. Miss Eva Shanks is on the staff of the Victorian Hospital at Kaslo, B.C. Miss Garbutt is the Assistant Superintendent of the Lady Minto Hospital at New Liskeard, Ont. Miss Harrison is on the staff of the Queen Victoria Hospital at Yorkton, Sask, and Misses McCormick and McLaren are the nurses on the North Bay District. Miss E. Johnson is the Child Welfare Nurse in Brantford. Miss Peever is the nurse in charge of the Hespeler District, Miss Aldrich of the Preston District, Miss Bourgaize of the Bobcaygeon, and Miss Dewar of the Whitby District.

Miss Fitzgerald is the District Superintendent of the Toronto Branch and Miss Luxon is her assistant.

Miss Parker has been appointed assistant on the Dartmouth District.

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

THE NURSES' PRAYER

O God of gentleness and strength,
Whose tenderness is born of Love,
Grant us Thy Spirit in its power—
The mighty wind, the peaceful dove;
May we be strong, and calm, and brave,
Mighty through Thee to heal and save.

There is so little we can do,
And often all seems done in vain;
Our hearts are sore and faith grows dim
In the dark mystery of pain.
Guide Thou our hands to soothe and bless,
And fill them with Thy tenderness.

He whom Thou lovest, Lord, is sick,
And all our hearts cry out for Thee,
Come Thou responsive to our cry,
May we the Lord's salvation see,
And lest we ask amiss, we pray—
Thy will be done from day to day.

In lonely watches of the night,
Go Thou with us from ward to ward,
A healing Balm, a Vision sweet,
Each restless one to calm and guard,
With Thee we can the burden bear,
If Thou our nightly vigil share.

O loving, tender, precious Lord!
Show pity when our hearts are dumb;
Check every doubt, each murmur still,
Father, Thy Will, not mine, be done!
Work Thou with me to do Thy will,
Through me Thy promises fulfill. Amen.

HOSPITAL DISCIPLINE AND ETHICS

By Mary H. Tufts.

There are three view-points, generally speaking, from which the discipline and ethics of a hospital are scrutinized: they are those of the officials of the hospitals, the nursing staff, and the general public.

It is a good thing, once in a while, to know what the public think of us. It is also a good thing to keep in touch with the real spirit of the nursing staff of our hospitals.

It may be that the criticisms we sometimes hear are not as pleasant to hear as words of flattery; but an honest criticism is far more helpful, if taken in the right spirit, than flattery or ill-chosen words of commendation.

The foundation of a hospital, like that of society, is law and order. The executives of the hospitals must possess the power of enforcing the regulations which are essential to the existence of said hospitals as units of a social organization.

Hospital government does not depend wholly upon the executives; there are two other important factors, the personality and individuality of the staff nurses, and the public opinion of the communities of which the hospitals are a part.

In her book, "Nursing Ethics," Isabel Hampton Robb says: "Were we able to concentrate our attention on the vast army of trained nurses of the present time, we should be struck with some not altogether pleasant incongruities. We should notice a certain lack of harmony in methods of drill, in deportment, in discipline, in information, and other minor details. As a body they do not always move in step; they are sometimes out of line, and some are inclined to straggle. We then glance at the officers for an explanation, but we find that they, too, are not always in harmony, though perhaps more so than are those in the ranks. Still, it is apparent that each woman is a law unto herself in the matter of outer equipment, at least; and we may notice, in passing, that her eyes are concentrated upon her own particular regiment, without proper regard as to the manner in which its manoeuvres or action may affect those in front, behind, or on either side. We find that this lack of harmony in our nursing ranks arises from the fact that, generally speaking, as members of one profession they have been without an adopted code of ethics. From the rich fullness of our experience, or rather, from our several experiences, from what we have learned from our failures as well as from our successes should come the formulated code of ethics, which should serve for the young travelers in the guild as finger posts along their nursing career, to guide and

encourage them at the crossways of purposes until in the fullness of time they reach this knowledge for themselves.

"Heretofore, I fear we have done as much harm as good in the little we have tried to teach by the manner of teaching. Relegated to the head nurses or their successive assistants, the senior or junior nurses, for instruction on these all-important points, the probationer has had rules and forms, sometimes contradictory, thrown at her head, so to speak, at divers times, and in a variety of fashions.

"What wonder, then, if she comes to regard all rules to be avoided or broken at will, to be observed as little as possible; and, furthermore, what wonder if our nurses leave us with no higher ideals or standards than those which we too often find among them?"

These criticisms, coming from one of the best educators the nursing profession has ever had, cannot be overlooked.

During the last few years I have been interested in noting the ideas of educated people, and of hospital nurses, on the question of discipline and ethics. I have also considered the comments made by hospital patients as to the ethics and etiquet of the hospital working forces.

One eminent college professor who is well-versed in the problems of hospital management, recently said to me: "It seems to me that many of our hospitals are getting to be too monarchic; their discipline seems too compulsory, and not enough educational. 'Tis true that judicious severity is, in the end, the truest kindness; but a tyrannical system of repression, or an arbitrary favoritism, should no more have a place in hospital management than they do in a well regulated school or institution of any other kind. Nurses are but human; they are not plastic clay in the hands of the potter, nor a sheet of blank paper to be written upon; on the contrary, they are bundles of inherited tendencies and capacities. Education merely aids development and directs latent tendencies; it cannot create powers, and often fails to control them."

This gentleman cited many instances coming to his notice of just such contradictory methods of instruction as Mrs. Robb has alluded to; and emphasized the fact that many head nurses are obviously poor teachers, though their manual work may be accurate and skilful.

He also condemned an apparent lack of courtesy on the part of many superintendents and head nurses toward the nurses in training.

To eighteen eminent physicians, whose names appear on the list of staff visitors at large hospitals, I have put this question: "What, to your mind, are the apparent errors in the discipline and ethics of hospital nurses as you have observed them in your round of hospital duties?"

The answers from eleven of these doctors were to the effect that

they had been unfavorably impressed with, and highly disapproved of, the lack of courtesy on the part of some head nurses toward the pupils, and especially as evidenced by harsh and tactless orders to and criticisms of said pupils by the head nurses before members of the staff and before the patients. One physician expressed himself, in regard to making criticisms of the pupil's work before patients: "It is human nature to rebel when reprimanded before several people, and criticism of the pupil nurse in the presence of patients lowers the nurse very much in the estimation of the patients. And if the patients lose respect or confidence in the nurses caring for them the harmony and discipline of the wards are seriously interfered with. If a nurse is nagged at, or harshly reprimanded at every turn, there is a tendency for that nurse's patients to be overbearing or even insolent. Then, too, the patients will often wonder why the hospital retains in its service nurses who must be so very often railed at and found fault with. I wish I could impress this fact on the minds of every superintendent of nurses. When fault is to be found with pupil nurses, do it quietly and in a dignified way, and never in the presence of the staff or the patients, if it can be avoided. And, above all, don't nag."

Five physicians answered to the effect that they considered the methods of teaching in many hospitals to be faulty, in that they did not foster a spirit of individual inquiry or research among the pupil nurses. The nurses were obliged to follow a more or less unthinking routine, and were often ignored when they paused in the work to ask the questions which naturally occur to the mind of an observing nurse.

As an example of this, one doctor says: "I remember a recent incident occurring on the ward in a large hospital which I visit regularly. I was making rounds, and at the bedside of one patient, whose symptoms I had asked to have watched with especial care, I asked the head nurse of the ward as to whether there had occurred a certain symptom since my last visit. She replied in the negative. A young nurse, who had but just received her cap, and who was accompanying us on rounds, told her head nurse in an undertone that she had noticed this certain symptom while working about the patient that morning. 'But,' said the junior, 'I did not know that it had any particular significance, so did not tell you.' I shall never forget the expression of mingled anger and scorn on that head nurse's face as she replied: 'I do not require any information of this kind from you. When I want you to make the report to the visiting physicians, I will let you know.' I said nothing while on the ward, but when out of hearing of the other nurses I told the head nurse that I considered her treatment of her junior very discourteous, and that I was glad to see that a young nurse was observing enough to detect that symptom in my patient and to remember to report it. I also told her that no true teacher would

ever be permitted to habitually answer a pupil as she had answered her pupil nurse.

"She was, of course very much offended with me, and argued that is was a very 'unethical' thing for the junior to 'butt in with information before she was asked to do so.'

"This junior nurse, who was naturally rather bashful, was so crushed by the rebuff that she appeared very awkward and lacking in deftness whenever called upon for work before the staff for the rest of the time she remained on that ward.

"It was my pleasure to observe that when she was placed on duty in another ward she developed along the lines of clinical work with great rapidity; and when she had been eleven months in training school she was considered one of the most proficient first-year nurses the school had ever had. Fortunately she did not have to spend much time under the training of a head nurse such as I have referred to, whose arbitrary rules and tactless treatment were enough to crush the enthusiasm and repress the working of a naturally bright and inquiring mind. Such women are not educators in the true sense of the word; they do not draw out, train, discipline the minds of their pupils; they do not awaken curiosity, incite inquiry, nor develop discrimination."

Two doctors expressed the opinion that frequently the nurses in charge of wards set a bad example for those in training by a system of partiality, which is shown toward those nurses who may in some way especially attract them. "Whatever arguments may be made to the contrary, it is with nurses, as it is with public school teachers, their personal preferences bias their judgment in regard to the nurses in their wards many times. It frequently happens, and I have observed it, that the nurses who are brilliant in class work, of pleasing appearance, or especially quick motioned, are usually the ones who are favorites with head nurses, and receive favors and recognition when the more retiring, though often more conscientious, nurse is either snubbed or passed by."

There is another question involving both discipline and ethics and which has been discussed much among pupil nurses, doctors, and the general public. It is this: "Do nurses in training have as careful oversight as they ought in regard to their health? And is it wise or right for head nurses or superintendents of nurses to take it upon themselves to diagnose and prescribe for the ailments of their nurses?"

In the last few years I have asked this question of no less than one hundred persons, of whom thirty were physicians.

They answered to the effect that in many instances they have been compelled to believe that sick nurses in training receive too little care; that delays in providing prompt medical attendance have frequently

resulted in aggravation or prolongation of the illness of said nurses; and that they consider it a much-to-be-condemned practice that head nurses should ever diagnose or prescribe for cases of illness among their nurses.

One business woman, who is a member of the visiting committee at a large general hospital, says: "I have repeatedly raised my voice against the practice of allowing sick nurses in training to remain for hours, as I know they sometimes do, without any nourishment or the means to get it, and with only such medicines or treatment as may be given or prescribed by some head nurse. I have had quite a good many cases come to my notice in different ways where sick nurses were allowed to remain in their rooms in the nurses' quarters for as many as twenty hours without any nourishment, treatment or medicines. I know that in every instance I have in mind the nurses were ill of some ailment causing them acute suffering. Such explanations and apologies as I received from head nurses in regard to these situations were at best rather meaningless, and showed a lack of a true spirit of kindness. Is it kind to leave a sick nurse in her room after she has sent a report that she is ill for a whole day without a visit from any nurse or doctor? Yet I know that such things often happen. Every hospital should have some system by which the sick pupils can be assured of prompt medical and nursing attention. It is not any more right that a superintendent of nurses or any of her assistants should diagnose and prescribe for a sick pupil than it would be right for them to diagnose or prescribe for ward patients or patients in private practice. It is a dangerous thing to do, and I have good evidence that that practice has more than once been the means of prolonged illness and suffering for pupil nurses. Every doctor who has expressed an opinion to me in this matter has agreed with these sentiments of mine."

A prominent doctor who is on the visiting staff of a large New York hospital says: "I have had at least fifteen cases among sick pupil nurses coming under my care where they were allowed to remain in their rooms for hours or even days without proper medical care or nursing. In several cases the pupils proved to be seriously ill several days before they were seen by any doctor. Several of these cases had to be operated on soon after they were seen by a doctor.

"I have been exceedingly surprised and disgusted, let me say, to find that in almost all these cases the sick nurses had the diagnoses of their ailments and the prescriptions therefor made by some head nurse."

When a nurse complains of illness she has a right to demand that she have prompt medical attendance. Most hospitals claim that some one of their resident doctors has charge of sick nurses. That being the case, why do nurses diagnose and prescribe? To my mind it is an

arbitrary rule which many hospitals follow in not permitting the sick pupils to choose their medical attendant.

If circumstances prevent a prompt attendance on the part of the hospital's selected doctor, the hospital should at least be just enough to permit the pupils to personally send for a doctor of their own choosing, provided the pupil is willing to pay him if he is not connected with the staff; or in case he is a staff doctor, provided his duties permit him to take charge of their case.

Let me cite a case: Some years ago a nurse in a well known hospital was taken ill with abdominal pain and vomiting. She sent word to the office of the superintendent of her illness and inability to go on duty that day. It was five hours before she received an official visit from any nurse; then the superintendent sent one of her assistants, who took the patient's temperature and pulse, asked a few questions, remarked that she thought the illness was not serious, prescribed a few simple expedients, and returned to the office to report the case to the superintendent. The sick nurse did not receive another official visit until seven hours thereafter, when she sent word to the office that she was in great pain. The superintendent came to see her and followed about the same routine as the assistant had done. In a few hours from this time the pain had increased greatly and the pulse became rapid and thready, and a pupil nurse took it upon herself to again report the matter at the office. Her information was received somewhat rudely by the "powers that be"; but this time a resident doctor was called, who, upon careful examination, expressed it as his opinion that the case was appendicitis. A visiting surgeon was immediately called, and the patient, after a hurried preparation, was taken to the operating room, where, upon operating, it was found to be a fulminating case, with conditions about as bad as they could be. The girl never recovered from the anaesthetic, dying just nineteen hours from the time her case was first reported at the office of her superintendent of nurses.

This was a tragic ending of a case that was obviously neglected and improperly treated by nurses, until well advanced.

Had the family of that nurse seen fit to bring legal action against that hospital there would have been sufficient material for a lot of trouble for the hospital. It seems to be the idea of many head nurses that it is "Good Discipline" to pay comparatively little attention to sick nurses, unless they seem very ill. Such is a dangerous policy, and the sooner it is changed the safer and better it will be for all concerned."

As a nurse, several cases come to mind where sick pupils suffered unnecessarily for lack of prompt nursing and medical care. One of these was a severe influenza, complicated with mastoiditis. This nurse was ill for hours in her room in the nurses' quarters, without medical

attendance, and with but few official visits from nurses. She became very ill before she was visited by any doctor, and soon after his visit was taken to the ward and soon operated on. She was months convalescing, and according to testimony of several competent doctors did not have the treatment she needed before a doctor saw her. This same nurse had, several months before, suffered much from a peculiar, stinging pain from swelling in her feet. She endured it for a matter of seven weeks before reporting the matter to her superintendent of nurses. She was not a "complainer," or a nurse to feign illness for the sake of an off-duty rest. The superintendent inspected her feet and said: "I cannot see any special trouble. Don't you think you are hipped about your feet?" Imagine the feelings of the nurse, who had endured actual tortures with her feet for seven weeks before reporting. After some deliberation the superintendent called in a visiting physician, who pronounced the trouble as probably a form of rheumatism in the toe joints, and prescribed. Then the nurse was sent back to work, with a heart full of indignation at her superintendent's injustice in doubting the sincerity of her complaint. After a few months the nurse had the severe illness previously mentioned, from mastoiditis, with its attendant neglect as to care. Shortly after the mastoid attack, the arthritis, for such it was, in her feet, developed rapidly for a time, spreading to many other joints, and compelling a relinquishment of all arduous work at the end of five years from that time. And the nurse is to-day an invalid from arthritis deformans. Although not naturally an unforgiving woman, she looks back with many bitter reflections at the injustice of her treatment at those times. She feels certain had she been rendered proper and prompt treatment she might have been spared much suffering and perhaps many months of invalidism. Can any right-minded person blame this nurse?

It is clear that it demands only a human charity and sympathy to dictate our conduct to either sick or well.

What a pity it is that many head nurses get the idea that it is necessary to "bulldoze," to use the most scathing sarcasm, to ignore, and to snub the women who are studying nursing, in order to keep them in subjection and to best fit them for their profession.

A wise attention to the laws of courtesy, as recognized by polite society, would add much to the influence of, and the respect for, many head nurses.

John Stuart Mill has said: "The less a teacher threatens, the less he finds fault, the less he scolds, the more friends he will have, and the better will be his school. . . . Unless you wish to be hated beware of sarcasm and ridicule. A cutting remark is never forgotten and seldom forgiven. Be courteous and polite; you can more easily win by kindness than you can drive by authority."

It does not require the wisdom of a Solomon to detect the fact that the methods of discipline and instruction in many hospitals differ widely from those employed in other schools and colleges.

Being asked his opinion in regard to hospital discipline and methods of teaching, a well known college professor replied: "I am much interested in hospital work in all its phases and try to keep in touch with the problems of nurses' training. I have often thought that the methods of discipline were in some hospitals very arbitrary. I am inclined to think that this is one of the reasons why so many graduate nurses earn the reputation of being very arbitrary and self-sufficient after they take up their work outside the hospital. I know that some do earn such a reputation. I am very sure that were as arbitrary methods of discipline pursued in other schools as are sometimes used in hospital schools, the pupils would rise in open rebellion; in other words, they would not stand for it."

The argument that every nurse has a right to know why she is being disciplined seems reasonable enough. But we are taught to accept anything that comes our way without a question or a murmur. Perhaps it tends to teach us self-control when we are subjected to absurd and inexplainable annoyances.

Not long ago a nurse in a large New York hospital was subjected to the following annoying treatment: One morning, immediately after the rising-bell sounded, she went, as was her custom, to one of the nurses' bathrooms for her bath, carrying with her all her towels, soap, toothbrush, comb, etc. She placed these articles in the bathroom and turned on the water, and stepped for a moment into an adjacent closet. Almost immediately, one of the assistant superintendents of nurses came through the lavatory, and, entering the bathroom, locked the door and, presumably, proceeded to take her bath. The pupil-nurse was too astonished for a moment to know what to do, but presently knocked upon the door and said: "This is Miss —, whose clothes and toilet articles are in the bathroom; I had not begun my bath, and have not been here more than five minutes. Will you please let me have my clothing?" There was no answer, and the nurse repeated her knocks on the door and politely-worded request three times, but received no reply. The transom was open over the bathroom door and she felt very sure that the woman within heard every word she said. Then she waited quietly in the lavatory until she was compelled to go to her room to dress for her on-duty. She had to borrow a comb from her roommate and make a hasty toilet as best she could; had to wear a pair of high-heeled dress shoes on duty (her nurses' boots being in the bathroom with her other articles), and by reason of all these delays was obliged to go on duty without her breakfast.

This nurse repeated the incident to many of her fellow-nurses, but no one could offer any explanation, and to this day that nurse does not understand why discipline (if it may be dignified by that term) was

meted out to her. One thing she is sure of, that she was not breaking any rule in regard to use of the bathroom. Naturally, she was inclined to consider it a very peculiar and inexcusable act on the part of that head nurse, and her dislike of said nurse dated from that time.

The great educator, Bain, has said: "Respect the personality and individuality of every pupil. By a little tact, patience and forbearance you may bring to bear on the self-willed pupil the influence of kindness, sympathy, and reason. Set your own tact against the obstinacy of any pupil. A forced submission often ends in sullen doggedness, or a smouldering fire of rebellion. From childhood to old age all human beings must obey the laws of society and the laws of nature. With the impulsive and inexperienced, real affection for the teacher will secure implicit obedience, and nothing else will."

If such tactics are successful in most ordinary day-schools, why may they not be best for the guidance of teachers in nurses' training schools?

It seems to be the very general opinion of many nurses in training that they ought to be permitted to know the why of affairs in all their work. Not that they expect to be told why before they porform the stipulated duty, or receive the discipline, but very soon afterwards at least.

To be obliged to follow fixed routines, working under a system of constant repression, dictated to by a corps of hidebound pedants, is a course calculated to prevent all that is most lovable and livable in a woman's nature.

The head nurse who habitually adopts a manner of frigid aloofness, and a scornfully condemnatory attitude toward her pupils, need not be surprised to find herself the most hated individual in the training school. And such obedience as is accorded her may be counted more the result of a fear for discipline than from any respect for her.

Women, being naturally of emotional natures, are exhausted and trammeled by the constant nerve-wearing of unjust criticism, nagging, and all the thousand-and-one annoyances that come from a lack of appreciation of their motives. It is impossible for any nurse to do her best work once she gets the impression that she is being watched by someone whose object is to find, not the good work she does, but to set that aside, and to harass her with a repeated enumeration of all her faults.

We all have our grave faults; and a wilful misdemeanor should be punished much more severely than an error committed unintentionally.

It seems to many persons who are acquainted with hospital work that discipline is meted out to many nurses on a system of partiality, rather than being graded to suit individual cases.

Bain has said that "In every school there are ringleaders in wrong-

A Message To Every Canadian Nurse

When you read of "Cereal Infant Foods", Malted Foods, and Infant Foods requiring the *addition* of milk, you realize the contrast between these goods and

Glaxo

The Food That "Builds Bonnie Babies"

Being in itself pure milk (with sufficient added cream and lactose to bring it up to the ideal standard of babies' *natural* sustenance) Glaxo is in a class by itself.

Glaxo is made in New Zealand, the finest dairy country in the world, and is prepared for use in a moment by the addition of hot water. It *cannot be wrongly used by your patient.* There is satisfaction for you in this.

Glaxo is also a splendid restorative in convalescence after operations, and for use wherever the digestive organs are weak.

A sample will be sent to any nurse mentioning this paper.

Glaxo

CANADIAN OFFICE

418 Dominion Bank Bldg., Toronto

doing; the teacher who can captivate one set and capture the other will secure good government."

Few pupils can resist when they find themselves condemned by the common voice of their fellows, whose censure they dread more than that of their superiors.

"What pupils see constantly done by those whom they respect and love, they very soon come to think is what ought to be done," says the famous educator, Niemeyer. Therefore would it seem most essential that head nurses gain the respect and love of their pupils.

The government of a school must be, in many respects, an absolute monarchy; and it will have all of the vices of a despotism, unless its ruler has a high sense of responsibility, and a knowledge based upon careful study of the nature of body and mind. The despotism ought to be a modification of patriarchal rule.

Restraints should be as few as the situation admits of.

The operation of mere vindictiveness should be curtailed to the uttermost.

The reasons for repression and discipline should, as far as possible, be made intelligible to those concerned, and should be referable solely to the general good.

School discipline, like instruction, will take form from the temperament and character of the teacher. A reputation for impartial judgment is the essential requisite of the teacher who governs well.

Make but few rules, and do not talk much about infringements of them. Remember that pupils, as well as teachers, have rights, and that both have duties.

Put yourself in the place of your pupils. Recall your own school experiences, your hopes and fears, your impulses, your notions, and the motives that influenced you. If you do this, you cannot become a tyrant.

Regard all pupils as truthful and trustworthy until you have positive proof to the contrary. Pupils with a high sense of honor will never forgive you for doubting their word, or for making an unjust accusation. Trust your pupils if you want them to trust you.

Strong terms of reproof should be sparing, in order to be effective. Still more sparing ought to be the tones of anger. Loss of temper, however excusable, is a real victory to wrongdoers, although, for the moment, it may strike terror.

"A foundation principle of school government is that every pupil shall be allowed the largest liberty possible, without infringing on the rights, interests, and convenience of others," says Bain, in his "Science of Education."

Let us hope that the day is not far distant when the methods of discipline and education in all hospital training schools is based on the same or as sound principles as those employed in other schools and colleges.—*The International Hospital Record.*

Courses in Public Health Nursing

The Boston Instructive District Nursing Association offers two courses in preparation for public health nursing.

The Eight Months' Course is offered by the Association in connection with Simmons College (Harvard University) and the School for Social Workers. The work at Simmons College includes courses in sanitary science and public health, preventive medicine, social legislation, and household economics. At the School for Social Workers lectures and conferences throughout the year on the principles and methods of social service, with related practical work. Practical nursing experience arranged by the Instructive District Nursing Association. Tuition fee, $80.00.

The Four Months' Course, under the direct management of this Association, is designed to give a basis for the varieties of social work where nurses are in demand. Instruction is given in the procedures of district and visiting nursing in all its branches, and experience provided in the principles and methods of organized relief. Field work, lectures and class discussion.

For further information apply to

MISS A. M. CARR

561 Massachusetts Ave., Boston, Mass.

New York Polyclinic Post-Graduate School for Nurses

¶ Offers nine months course in the following branches: Surgery, including emergency work; Operating Room Technic; Sterilization; Gynecology; Pediatrics; Eye, Ear, Nose, Throat; Orthopedics; Cystoscopy.

¶ Classes by resident instructor, supplemented by bedside instruction. Lectures by Attending Staff. Special Course in Dietetics. Diploma awarded on satisfactory completion of course. Registry maintained for graduates and frequent opportunities given to obtain institutional positions. Remuneration: board, lodging, laundry, and $12 monthly.

¶ A special course of four months duration is offered to those specially qualified. Remuneration: board, lodging, laundry and $6 monthly.

E. LETA CARD, R.N.
Superintendent of Nurses
341-351 West 50th St., New York

Obstetric Nursing

The Chicago Lying-in Hospital offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training, and a six-months' post-graduate course to nurses who are graduates of training schools connected with hospitals for the insane and sanitariums giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of training schools associated with general hospitals and a six-months' course to pupils of training schools associated with hospitals for the insane or sanitariums.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

Address

Chicago Lying-in Hospital and Dispensary

5038 Vincennes Ave Chicago

HOSPITALS AND NURSES

Ontario

Berlin: The Graduate Nurses' Association has adjourned all regular monthly meetings during midsummer.

A regularly organized branch of the Red Cross Society in our city is the result of a campaign by our Graduate Nurses' Association.

Hitherto the Red Cross work has been done under the auspices of a number of local organizations, and a general feeling prevailed that the work should be organized on a broader basis. The result of a public meeting called by the mayor of our city has been an organization of unusual strength, representative of our prominent women and leading business men. The headquarters of our local branch of the Red Cross Society is now thronged daily and many nights of the week with busy workers.

Miss Helen Potter and Miss Helena Reid, class '12 B.W.H., now on duty at Shorncliffe, England, expect to be transferred early in August to active duty in France.

The resignation of Miss Merner, Assistant Superintendent B. W. Hospital, has been accepted by the Board and will take effect the middle of August.

Masses of pink and white roses and peonies transformed the lecture room at the Nurses' Residence into a bower of beauty, and nurses forgot grim and bacteria-laden lectures showered upon them from its platform as they gathered to the number of about thirty-five to shower Miss Merner with household linens.

A delightful evening was spent, through the gracious hospitality of Miss Rodgers, Superintendent.

We deeply regret having to chronicle the death of Margaret Nelson Lackner, wife of Dr. Harry M. Lackner, of this city, who passed away on June 14th, at the B. & W. Hospital.

Mrs. Lackner was a member of class '09 of the Toronto General Hospital, and a general favorite in social and musical circles.

"Our little systems have their day;
They have their day and cease to be.
They are but broken lights of Thee,
And Thou, O Lord, art more than they."

Miss Bertha Willoughby, formerly Superintendent of Nurses in Kingston General Hospital, has been appointed Matron of the Queen's Stationary Hospital. Miss Willoughby, who is a graduate of the King-

STANDARD Floor Dressing

insures hospitals against the dust evil. It is sanitary because it holds down the dust on the floor and kills the germs which the dust contains. Standard Floor Dressing preserves the floors; it penetrates and fills the pores of the wood and keeps out dust and dirt. It is economical; one gallon will cover from 500 to 700 square feet of floor. Standard Floor Dressing greatly improves the appearance of the floor and prevents it from warping and cracking. For prices and any further information, address our nearest office.

THE IMPERIAL OIL COMPANY
Limited

BRANCHES IN ALL CITIES

Made in Canada

ston General Hospital Training School for Nurses, was specially recommended for the post by Surgeon-General Jones and Miss Macdonald, who is head of the Canadian nursing service. Miss Willoughby has had eight months' experience already in a Canadian hospital in France, and is splendidly qualified.

The Queen's Stationary Hospital Corps is on its way to the Dardanelles, where it is to be stationed, and we hope soon to hear of its safe arrival.

The Guelph General Hospital Alumnae Association held its annual meeting on Tuesday, July 13th, in the lecture room of the Nurses' Residence. The meeting was well attended and the following officers elected: President, Miss Josephine Brown; 1st Vice-President, Miss M. Watt; 2nd Vice-President, Mrs. Alice Shaw; Secretary, Miss Bessie Miller; Treasurer, Miss Ida Watrous. The Canadian Nurse representative, Miss Bessie Miller. Sick Visiting Committee, Misses B. Richardson, Amy May, Agnes Gibson.

It was decided to have a picnic to Puslinch Lake the following Friday. This was thoroughly enjoyed by everyone present.

Miss Liphardt, graduate of Guelph General Hospital, now doing private work in Regina, is spending the vacation with her parents in Guelph.

Miss Hopkings, graduate of Guelph General Hospital, who has had charge of the operating room there, is spending the summer in Toronto, before taking up post-graduate work in the fall.

Miss Eisele, graduate of Guelph General Hospital, has taken a course in School Nursing in Toronto, and is at present spending some time at her home in Guelph.

Victoria Hospital Alumnae Association, London, is still interested in Red Cross work, and lately gave a cheque for one hundred dollars for hospital supplies.

New Brunswick

The cornerstone of the new hospital in Newcastle was laid on July 1, 1915, by Mrs. H. G. Moncrieff. The land and building, costing $38,000.00, is the gift of a resident of Miramichi, who prefers to remain unknown. The building is 118 ft. x 40 ft., and will contain three storeys and basement, and will accommodate 31 patients. There is already a permanent endowment of $2,550.00 per year.

"YOUR uniforms fill a long felt need and are better than any I have ever had."

The above is from a letter written by a nurse on the Pacific Coast. We have on file hundreds of similar expressions regarding

Dix-Make UNIFORMS

Why bother with having your uniforms made to order when you can get the smart looking, well made and good fitting DIX-MAKE, at a moment's notice, and at the right price.

Model illustrates style No. 662 at $4.00 of White Dixie Cloth; hemstitched collar, cuffs and pockets. Opens all way down.

Sold by Department Stores everywhere. Look for our label on every garment. Write for illustrated catalogue.

[*DIX-MAKE uniforms were officially chosen by the AMERICAN RED CROSS*]

HENRY A. DIX & SONS COMPANY
Dept. B. Dix Building, New York

A TOUCH OF ART

is most refreshing and effective when it's

NA-DRU-CO Royal Rose Talcum Powder

It improves complexions that need it, and protects those that do not.

25c. a tin—at your druggist's

National Drug & Chemical Co. of Canada, Limited

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Brockville Graduate Nurses' Association. President, Mrs. V. A. Lott; Sec., Miss M. Ringer.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 846 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Willard J. Hill; Secretary, Miss E. Gilroy, 674 Arlington St., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 818 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 185 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Mrs. Parnall; Secretary, Miss E. M. Elliott.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 395 Sherbourne St.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 187 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Miss E. P. Hegan,; Cor. Secretary, Miss A. A. Burns.

Doctor—a Word about Xanthin —and Caffeine

As you well know, it is xanthin in the bodies of the young that gives them their characteristic vivacity, agility, and enthusiasm. And it is because age lessens this supply that age is sedate and conservative.

In this connection it is interesting to note that xanthin belongs to the same family or chemical group as caffeine. Both are known to the chemist as dioxypurins. Xanthin is found in the bodies of animals, including man, while caffeine is found only in plants such as coffee, tea, cocoa, mate, also in Coca-Cola. To make this family relationship closer and more interesting the scientists now tell us that caffeine, after being digested and assimilated, is converted into a substance called paraxanthin, which is a twin brother of xanthin.

But more interesting still is the similarity between the twins, xanthin and caffeine, in their effects upon the human body. If xanthin is in reality the substance which gives to youth its vivacity and alertness, then caffeine, its twin brother, may be regarded as a vegetable substitute for xanthin and we thus have a logical explanation of why the caffeine-containing beverages refresh and invigorate the body. In old age, when the fire of youth is burning low and the supply of xanthin is nearly exhausted, may it not be that caffeine, as contained in Coca-Cola, tea, coffee, etc., serves a useful purpose in refreshing the nerves and muscles, and renewing the vitality as well as the sensation of youth?

Coca-Cola belongs to the same class of food products as tea and coffee, viz., the caffeine-beverages. Though they differ in flavor they are similar in effect, for caffeine is their common and only active principle. It is the caffeine that relieves fatigue and refreshes mind and body, not by *artificial* stimulation, but by a *natural* process analogous to that produced by the xanthin of the human body. Xanthin is a normal ingredient of the blood and flesh of all animals (including man) and is a refreshing principle of meat extracts, such as beef tea. Its action is similar to that of caffeine; in fact, when caffeine enters the body is becomes a xanthin. The caffeine beverages, therefore, have their counterpart in the *normal* human body, in the form of xanthin, and hence some scientists have classed them as "*natural*" stimulants in contradistinction to the "*artificial*" stimulants such as alcohol, nitroglycerine, strychnine, etc.

Other Matter for the Asking, Doctor

Won't you write for it if interested? Let us send you our book "Truth, Justice, and Coca-Cola".

THE COCA-COLA CO.
TORONTO, ONT.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss A. MacDougal; Vice-President, Miss McVicar; Secretary-Treasurer, Miss L. Whiting.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 St. Alban St.; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss Margaret Cameron, 69 Breadalbane Street.

Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Summer Class opens July 6, 1915

Fall Class opens Sept. 22, 1915

Duration of term four months

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.

MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.

It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY

Buffalo, N.Y.

MALTINE

With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY

88 Wellington St. West, TORONTO

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss O. Campbell.

Treasurer, Miss I. Anderson, The Ainger Apts., corner Bloor and Sherbourne Streets.

Recording Secretary, Miss M. McNeil, Hospital for Sick Children.

Corresponding Secretary, Miss Keefer, 321 College St.

Conveners of Committees—General Business, Miss Jamieson; Sick Visiting, Misses Dingwall and Copeland.

Press Representative and "The Canadian Nurse" Representative, Miss W. M. Armstrong. Representatives on Central Registry Committee, Misses Fraser and Barnhart.

Directors, Miss Ewing, Mrs. Clutterbuck, Miss Mitchell and Miss Franks.

Regular Meeting, Second Thursday, 3.30 p.m.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. Geo. Valentine, 55 Lakeview Ave; Treasurer, Mrs. MacLean, 702 Shaw St

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooney.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Segsworth; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss L. Smith; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss K. Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Luney, Riverdale Hospital; Treasurer, Miss Kirk, 336 Crawford St.

Executive Committee—Misses K. Scott, Murphy, and Mrs. Lane.

Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.

Representatives on Central Registry Committee—Misses Piggott and Rork.

Representative "The Canadian Nurse"—Miss J. G. McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA.

President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss H. Sykes, 753 Wolseley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolseley Ave.; Treasurer, Miss J. Tracy, 244 Arlington Street.

Conveners of Committees: Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolseley Ave.

Regular Monthly Meeting—Second Thursday at 3 p.m.

6 oz. Sprinkler Top

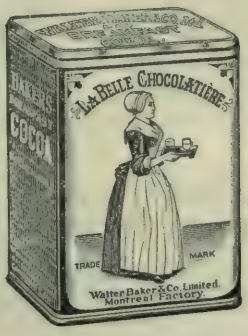
GLYCO-THYMOLINE
DENTAL
CONTAINS FOUR PER CENT OF ALCOHOL
IS PUT UP IN THIS STYLE WITH SPRINKLE TOP FOR DENTAL PURPOSES. USED DAILY AS A DENTIFRICE AND MOUTH WASH
Kress & Owen Company
MFG CHEMISTS
361-363 PEARL ST. NEW YORK

Glyco-Thymoline is an ideal daily mouth wash. Reduces inflammation of Mucous Membrane without irritation.

Used in conjunction with the K. & O. Nasal Douche for treating Nasal Catarrh.

KRESS & OWEN COMPANY
361-363 Pearl Street, NEW YORK

Absolutely Pure and Delicious



An ideal beverage, of high grade and great nutritive value.

MADE IN CANADA BY

Walter Baker & Co. Limited

Established 1780

Montreal, Can. Dorchester, Mass.

School of Medical Gymnastics and Massage

61 East 86th St., New York, N.Y.

POST-GRADUATE COURSE

A. Practical: Swedish Movements, Orthopedic Gymnastics, Baking, Manual and Vibratory Massage.

B. Theoretical: Lectures on Anatomy, Physiology, essential parts of Pathology, etc.

All communications should be directed to

Gudrun Friis-Holm, M.D.

Instructor in Massage at the following Hospitals: Roosevelt, St. Luke, New York, New York Post-Graduate, Bellevue, and others.

BIRTHS

To Dr. J. V. and Mrs. Follett, on June 10, 1915, a daughter. Mrs. Follett (Elizabeth Johnson) is a graduate of Toronto Western Hospital, class '07.

To Dr. C. W. and Mrs. Henders, Saintfield, Ont., July 22, 1915, a daughter. Mrs. Henders (Jean Urquhart) is a graduate of Toronto Western Hospital, class '13.

MARRIAGES

At Seattle, on March 19, Miss Eileen Trew, Graduate of the Montreal General Hospital, to Mr. Jack Firby, Vancouver, B.C.

On April 24, 1915, at Winnipeg, Man., Miss Cora Rastwell, Graduate of Brandon General Hospital, Class '14, to Mr. Oliver Mowat Ballantyne.

On February 4, 1915, at Lethbridge, Alta., Miss Lillian Florence Payne, Graduate of Medicine Hat Hospital, Class '14, to Mr. J. F. Rothwell, of Lethbridge.

Miss Annie F. Tidy, Boston, Mass., a graduate of the New England Baptist Hospital, also of the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, Inc., Philadelphia, and formerly in charge of the mechanical department at the Methodist Episcopal Hospital in Brooklyn, N.Y., to Mr. L. M. Shields. Mr. and Mrs. Shields will reside in Brooklyn.

DEATHS.

At the R. V. H., Montreal, on Wednesday, April 14, of Pneumonia, Miss Mary Kingan, Class '01.

At St. Boniface Hospital, St. Boniface, Man., on March 25, 1915, Rev. Sister St. Thomas, in her 26th year.

PUBLISHERS' DEPARTMENT.

Antiphlogistine acts, through the cutaneous nerves upon the inflamed area, as a powerful stimulant to the blood-vessels and lymphathics, promoting elimination of morbific products. It supplies, by natural, physiological processes, regenerative material to the parts already suffering from that condition of perverted nutrition, which is a part of the inflammatory process.

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone Columbus 7780-7781.

Vacancies for Private Nurses and Hospital appointments. Apply Nova Scotia Graduate Nurses' Association, Halifax, N.S.

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$20.00 a month will be paid together with board, lodging and laundry. Application to be made to Miss E. F. Rivington, Superintendent, 149 East 67th St., New York City.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, OCTOBER, 1915. No. 10

ADDRESS*

By Professor E. K. Broadus, Alberta University

I believe it is the custom, in addressing a graduating class, to talk about the great responsibilities of life and to moralize at considerable length about them. I am not very good at moralizing, and I am sure that you get preached to enough on at least 52 days of the year, and as this is a week day and my vacation time, I know you will excuse me from a sermon.

I confess, indeed, that I have been somewhat at a loss to know what to say to you to-night. I am accustomed to college graduating classes in which a group of boys and girls, after preparing for four years, for they know not exactly what, have what is properly called a commencement: they are ready to commence the actual experience and business of life. But you are different. You are not theorists; you are, or have been (I like the old word), probationers. You have proved and been proved. You have learned by doing, and the lesson which you have learned—which you have made it your whole business to learn—is a lesson which, in the ordinary experience of life, comes not at the beginning but at the end. "Truly the light is sweet" wrote the preacher in his old age, "and a pleasant thing it is for the eyes to behold the sun." "But, if a man live many years and rejoice in them all, yet let him remember the days of darkness, for they shall be many." That lesson, which it is so hard for the young to believe, that we shall not behold the sun forever, that darkness and disease and suffering and death come to us all; that lesson which old age continually reiterates and youth forever ignores, you have made it your business to learn. Your business is with those who have ceased to behold the pleasant sun, and who have learned, sometimes all too prematurely, the lesson of darkness.

And so I say, I hardly know what to say to you, for in your youth you have already borrowed of old age the lesson of sorrow. And yet, perhaps out of that very thought I may be permitted to draw a suggestion.

It is your business to deal with human suffering. How shall you

*To 1915 class of Misericordia Hospital, Edmonton, Alta.

deal with it? In a sense your task is harder than the doctor's. He commands, you execute. It is sometimes harder to execute than to command. Of the doctor is required exact and scientific knowledge, a cold and clear intelligence and a steady and dexterous hand. The doctor comes, analyzes, prescribes, and is gone. But you remain in hourly contact with the patient. You remain and carry out the doctor's directions. But if you do no more than that, you are a poor nurse, a mere machine, even though you may have the credit of being an exact one. If you are a good nurse you can do more than care for and dose the patient. You can sympathise, sustain, reinvigorate. You can be—you ought to be—a better tonic than anything the doctor can prescribe. This is not a question of training; it is a question of personality, and personality is made up of two qualities—Sympathy, and what we call for lack of a better word, Magnetism.

Perhaps you will say that it is useless to talk about personality; that one is either blessed with it or not, and there's an end. But you are mistaken. It is only a question of whether you are endowed with a will or not. If you have that, you can, and you must, develop your personality for yourself.

And that is indeed the point of what I have to say to you. There is no other profession in which a personality counts for so much. How can you develop it?

I have said that a personality consists primarily of two qualities—sympathy and magnetism. This is just another way of saying that there are two sides to personality, a passive and an active side, what you can be to the patient and what you can give to the patient.

And first a word as to sympathy. Sympathy is not sentimentality. It is not gush, it is not mere prattling talkativeness. There are certain external aspects of it worth noting—a quiet manner, a quiet and well modulated voice and a certain quality of definiteness and confidence. Of these I think the voice is the most important. If I were a patient in a hospital, and a nurse told me in a voice that grated like a buzz-saw that she was sorry for me, I would willingly exchange her for a nurse who told me in a quiet and well modulated voice to go to the deuce. And a good voice is not a mere matter of endowment. It can be cultivated. Listen to your own voice. Develop your ear. Ask yourself continually how your voice sounds. Get your colleagues to criticise it. Bring it down in your chest. If you find yourself talking through your nose, do penance for it. Sit for ten minutes in a hard chair with a clothespin on your nose and say "chest" 57 times. You think I am joking, but I am not. It is really a most excellent and salutary penance.

But your voice and manner are the mere externals of sympathy.

Professions of sympathy prevail nothing, if they do not spring from true feeling. And here I think lies the great danger ahead of you. Those who see human agony only rarely are moved by the strangeness of it. Their hearts are fresh. But those who see it all the time are in danger of growing callous of it. I was reading only the other day that there is talk at the front of having the nurses relieved and sent back after brief intervals because they grow hard and indifferent. A nurse sees too much suffering—even a nurse at home. There is danger in classifying humanity into cases—danger of forgetting that every human being is unlike every other human being. Diseases are classifiable, and the nurse is in danger of thinking that any given human being is, for her purposes, a disease. But after all it is a human soul you are taking care of—not a pathological specimen. You will never be a good nurse if you forget that.

And this brings me to the constructive side of what I have to say. I said at the beginning that the two sides of personality, the negative and positive, the kinetic and dynamic, sides are sympathy and magnetism. And both these spring from the same quality—the quality of comprehension, of understanding. You cannot sympathize unless you comprehend; and you cannot arouse and interest and stimulate the patient unless you have something in yourself to give out to him—some wealth in store. Now a nurse who is no more than a nurse is a poor nurse. You may be safe, trustworthy, accurate, sleepless, but you will still be a poor nurse. This is a hard saying, I admit, but I know that it is a true one. Unless you have a vivid comprehension that that shattered something lying on the bed there is still a human being and not merely a case; and unless you have something in your head besides rules, some stored up wealth to give out to the patient—you will still be a poor nurse.

How are those things to be attained? Certainly they are not to be come by in a moment, nor by mere passive wishing that you had them. There is only one way—and that is by being something more than a nurse—by living some other life in addition to the rules and formulae of drugs and operations. Now there are professions in which it is possible to command a certain amount of one's time; to go off and do something absolutely different from one's vocation, and then to come back to that profession freshened and vitalized. But a nurse cannot so command her time. She must be ready at any time for work in the hospital or to respond to a call in a private case. But there is one thing she can do. Her days will always have periods of leisure—periods when she is waiting for her daily task, or periods when she is merely sitting and watching beside an inert or sleeping patient. There is a world always open to her in which she may get out of herself, in which she may study human nature, in which she

may gain that experience which will give her comprehension, and in which she may store up that wealth which will enrich her personality. And that way, that golden way, is by reading.

And by this I do not mean that vast mass of cheap romantic fiction which will give you a distorted or false conception of life, though even a little of that, when you proportion it sensibly to better things, will do no harm. What I mean is a very different sort of reading. There are two kinds of books which all of you should read. Two kinds, and only a few of each kind, and those read and reread until you have made them your own, assimilated them, made them a part of you. And of those two kinds, the first is books which touch your own professional life at as many points as possible—books which contain personalities, great doctors, great nurses, real men and women whose lives have been devoted to the art of healing and whose lives your own training best fits you to comprehend—the life of Florence Nightingale, R. L. Stevenson's story of Father Damien, the life of Dr. John Brown who wrote the wonderful little story of Rab and his friends, George Eliot's "Middlemarch," which contains in the character of Dr. Lydgate the most wonderful study of the spiritual problems of the medical profession that was ever written. Or again, books in which the life, not of the doctor or of the nurse, but of the patient, has been set forth.

I am going to take the liberty of reading you a few passages from one of these books—a book of poems by a true poet, written about 40 years ago when the author was a patient in an Edinburgh hospital. If you will make allowances for the difference of conditions in hospital life then and now I think that it will help you to realize how lonely and wretched sickness in a hospital can be. It will help you to see through the patient's eyes, and help you to realize that a patient is not merely a case but a human being. After all there is no loneliness comparable to loneliness in a hospital. A hospital is so very far from being a home. Perhaps one of the noblest things you can do is to make it seem like one. And first let us get a glimpse of the poet through the eyes of one who was himself also destined to become famous later on. It is R. L. Stevenson writing in Edinburgh in the year 1875.

"Yesterday, Leslie Stephen, who was down here to lecture, called on me and took me up to see a poor fellow, a poet who writes for him, and who has been eighteen months in our infirmary, and may be, for all I know, eighteen months more. It was very sad to see him there, in a little room with two beds, and a couple of sick children in the other bed. Stephen and I sat on a couple of chairs, and the poor fellow sat up in his bed with his hair and beard all tangled, and talked as cheerfully as if he had been in a king's palace, or the great

king's palace of the blue air. He has taught himself two languages since he has been lying there."

(Here the speaker read a series of selections from W. E. Henley's poems entitled "In Hospital.")

But I said a while ago that there are two kinds of books which I would have you read. We have talked over one kind—the kind which touches your experience at many points and which will enlarge and deepen it. And now just a word in closing about the other kind. In addition to reading thoughtfully and frequently a few books, which are as much as possible like your own experience, I should, if I were you, read with equal care and frequency a few books which are most unlike. The first kind will deepen your life; the second kind will broaden it. It is good to know through books men and women who have done greatly and nobly what you can do. It is equally good to know through books men and women who can do what you cannot do—Boswell's "Life of Johnson," with its intimate picture of a great rough-hewn, vigorous personality; Stevenson's Letters, with their infinite grace and zest for life undaunted by disease; Lockhart's "Life of Scott," that minute record of the finest and most gracious of English gentlemen.

And now I have said enough, perhaps more than enough, and I find that I have preached a sort of sermon after all. Well, so be it. And I believe that I cannot close better than by quoting to you some very noble words by a great preacher, Phillips Brooks, on this subject of the reading of books about great men:

"But finally, may we not say that the supreme blessing of biography is that it is always bathing the special in the universal, and so renewing its vitality and freshness? Our little habits grow so hard. We get so set in our small ways of doing things. We become creatures of this moment of time on which we happen to have fallen. The power of dull fashion and routine takes possession, not merely of the way we dress and talk, but of the way we think. Our schools have their cheap little standards and our colleges have theirs, and every duty makes more of the way in which it is done than of the divine meaning and motive of doing it at all: all gets to seem parched and hardened like a midsummer plain—and then you take up your great biography, and as you read, is it not as if the fountains were flung open and the great river came pouring down over the arid desert? The local standard, the mere arbitrary fashion of the moment, disappears in the great richness of human life; the part bathes itself in the whole; the morbid becomes healthy; the peculiar is freed from any haunting affectation, and becomes simply that individual expression of the universal, which every true man must be.

"Do we say that all this may come through large association

with our living fellow-men without reading about the dead? Much of it may, no doubt, come so. But in some respects the great dead, whose faces look out on us through their biographies, have always the advantage; they are the best of their kind, the most picturesque illustrations of the character they bear; their lives upon the earth are finished and complete. They will not change some day and throw into confusion the lessons we have learned from them; and since they belong to many lands and many times, they bring us a sense of universal human life which cannot come to us from the most active contact with living men, who, after all, must represent very much the same conditions to which we ourselves belong."

SERVICE IN WAR TIME

Following the outbreak of the war, the Academy of Medicine, Toronto, discussed the question of free medical attention to the needy dependents of soldiers on active service, with the result that the Patriotic Fund Medical Bureau was organized in September, 1914. Owing to the fact that only about one-half the doctors of Toronto are members of the Academy, a letter was sent to every physician in the city—awaiting his signature—signifying his willingness to serve his country in this way. In reply two hundred offered their services, while many more living in the poorer, congested districts, agreed to attend their own patients free of charge. The question then naturally arose, who would meet the expense of the medicine ordered by the physicians? In consequence, sixty-five druggists agreed to fill prescriptions ordered by the doctors, not at cost, but absolutely free.

A subsequent letter to all dependents on the Patriotic Fund advised them, in cases of illness, to consult their family physician. If, however, he had not signified his willingness to attend gratuitously, and in cases where no physicians had previously attended, the patients might avail themselves of the generous offers of free services before mentioned by communicating with the Medical Bureau, which is in the charge of a nurse of the Department of Public Health.

If the patients are able they are sent to the office of the nearest physician; if too ill to leave their home, the physician is asked to visit. Whenever possible, all patients are referred to suitable clinics, thus relieving the physicians of a considerable number of cases.

It might be well to note that all cases of sickness from among the 4,000 families at present dependent on the Patriotic Fund are not indiscriminately meted out to the generous physicians and surgeons who have undertaken the work. Every case reported by the patients or their friends is first investigated by the Public Health Nurses and

the need verified. In this way the patient's symptoms may be reported to the physician to whom the case is referred, and the urgency of the case attested. He is also given the name of the nearest druggist, to whom he may refer the patient with the prescriptions, if such are ordered.

From the messages sent or telephoned to the bureau by excited landladies and hysterical relatives one would invariably judge the cases to be most urgent, while investigation frequently reveals no cause whatever for alarm.

If the treatment is such that supervision only is necessary, the Public Health Nurse continues to visit. If bedside nursing is required, the case is referred to the Victorian Order or St. Elizabeth Visiting Nurses.

Where there is apparently no friend or relative capable and willing to attend to the duties of the home, the Fund supplies a housekeeper at $5.00 a week, who is under the supervision of the visiting nurse. This plan has proven most satisfactory in many of the 500 obstetrical cases now on record

During the last few months the cases often number 30 to 35 a day. Many are sent for admission to hospitals, where maintenance is paid by the Fund, and in cases of death, funeral expenses are defrayed.

A history of every case is kept and detailed weekly and monthly reports forwarded to the Academy of Medicine, that the doctors may see the amount of work being done. The last summary report shows over 1,000 cases of sickness now on record.

The Public Health Nurses average 700 visits a month to these cases, while the visits to and from physicians amount to about 200 monthly Sixty-eight cases have been attended by the Victorian Order and St. Elizabeth Nurses, while twenty-four housekeepers have been employed, generally for a period of two weeks each.

A large number of obstetrical cases are, unfortunately, out of the city limits, some several miles out. Where, as in many cases, there is a large family, and a housekeeper is required as well as a nurse, the patients have made their own arrangements with nurses and friends in the vicinity in which they live, and the expense has been met by the Fund. These cases have numbered forty-eight in the year the Medical Bureau has been operating.

If the work continues to increase as it has done a much larger staff will be required to handle it, and as it grows, the time and services our generous physicians are giving to this patriotic work must necessarily increase also. Surely they are serving their country as nobly as our brave soldiers in the trenches.

ENID M. FORSYTHE,
Secretary Patriotic Fund, Medical Bureau.

INDUSTRIAL SCHOLARSHIPS

By Miss B. E. Ammerman

One of the problems which most frequently perplexes workers in family welfare, particularly in cities, is that of the child who is forced into wage earning at the earliest possible moment—the boys and girls of fourteen, who, mature neither in body nor mind, must leave the normal environment and occupations of childhood and begin the dull grind of daily labor. Experience has shown all too conclusively that bringing little physical or mental equipment to industry, they get little or none out of it, in fact "from him that hath not shall be taken even that he hath." A study made a couple of years ago showed that of 1,000 boys and girls starting work at 14, the great majority held from six to twenty jobs during the first two years, were earning no more at the end of that time than at the beginning, had actually lost ground in the habits of application and attention, were less dependable, and more prone to loafing and money wasting; in a word, were distinctly worse off from the point of wage earning than at the beginning of their experience.

Vocational training in the public schools is believed by many to be the remedy for such a state of affairs, but there are others who do not feel that we are justified in omitting any of the elementary work now given to children under 14 to substitute specific training for definite industries. It will take many years to readjust our educational systems, even if that is deemed advisable. Meanwhile a temporary expedient is being tried with considerable success in several communities, by city departments, settlements, or by private individuals.

The conditions to be met are two. (1) The family needs the wage—small as it may be. (2) The child is not prepared for industry. The plan meets these two conditions, first, by paying the family the equivalent of the child's wage; and secondly, by giving the child such training that he will be able to do some particular kind of work well enough to lift him out of the class of casual employes and place him in line for further advancement.

An individual case will demonstrate the operation of the plan.

Martha B. was the eldest of a family of six. The father, a casual laborer, earned on an average $9.00 a week. No one could deny that when Martha reached the age of fourteen she must begin to contribute to the family funds. A girl of average ability in school, she might have secured work in a factory at $3.00 a week or minding a baby at $1.00 a week; but, as such cases go, it is not likely that she would have done either for long. There would have followed a period of idleness, another job, and so on.

The Scholarship Fund in this case sent its visitor to see the B.

family and arranged that Martha was to remain in school till she finished the term, and then take a one-year course in dressmaking at a Free Trade School, for which she would then be prepared. During this time the family would receive $3.00 a week, so long as Martha's reports of work were satisfactory. At the end of the year Martha had worked faithfully, learned habits of neatness, and qualified as a dressmaker's helper; she was placed at $5.50 a week, was raised in a year to $6.50, and later to $10.00. The cost to the fund was only that of the subsidy to the family, $210, and a girl was saved from a "blind-alley" experience of the unskilled casual employe.

The operation of such a fund needs careful supervision, first, in choosing the type of training for the child—and in some cases more than one must be tried before the right one is found; second, the family must be made to feel the child is really earning the money by his faithful performance of school duties. This awakens the sense of responsibility in the child himself and secures the co-operation of the family in allowing proper time and freedom for home work.

It is also possible to advise the family in the kind of diet most economical and suited to keep the child in working condition. It is absolutely essential that the payment of the subsidy shall be conditional on the efforts of the child, and of the family.

A study of 50 children after two years of the scholarship plan showed most gratifying results. Only two had not responded to the efforts at their better equipment; the great majority were placed in permanent positions with a weekly wage of from $5.00 to $8.00 and habits of industry well established. Further reports tell of advancement and still better wages, and in many cases efforts to give the younger members of the family such specific training as made their own success possible.

Funds for this sort of work may be raised in large amounts for systematic use and supervision, or by an individual for an individual case which the worker himself will supervise. Most of our large cities have free schools where trade instruction can be obtained, and in other places an informal apprenticeship may often be arranged, so that the amount asked for need not exceed the small sum paid weekly to the family. Many business men not interested in other forms of philanthropy will maintain such a scholarship because it is so evidently a good business measure. Sooner or later the community always has to pay for the inefficiency of its workers.

I shall pass through this world but once. Any good thing that I can do, or any kindness that I can show to any human being, let me do it now. Let me not defer it or neglect it, for I shall not pass this way again.—Wm. Penn.

GLEANINGS

The following extracts from the Canadian Red Cross Society Bulletin for August will be of interest:

"Colonel Rudolf, during his recent visit to Canada, visited the headquarters of the Society at 77 King Street East, and expressed his warm appreciation of the supplies sent by the Canadian Red Cross"

"Any branch which thinks of adopting the monthly subscription plan, as has done the Berlin branch of the Canadian Red Cross Society, should apply to Mr. W. E. Butler, secretary-treasurer, Canadian Red Cross Society, Berlin, Ontario, for a sample card. This experiment was, we believe first tried by the parish of St. Aidan's, Balmy Beach, Toronto, and has proved highly successful as a method of interesting the men in the work of the Red Cross."

"There are now two large convalescent centres, one at Bromley, in Kent, and the other at Monks Horton. The former place is a large hydropathic institution which was placed at the disposal of Surgeon-General Jones, through the generosity of a Canadian, and in the building and on the grounds in tents nearly three hundred patients are provided for, while at Monks Horton there is springing up a canvas village where there is accommodation for nearly five hundred. At both these institutions the men are under military discipline, and the staff is drawn from the C.A.M.C."

It has recently been arranged between the St. John Ambulance Association and the St. John Ambulance Brigade that the selection of all nurses and male orderlies for service abroad shall be made by the Brigade and not by the Association as formerly announced.

Any trained nurse, therefore, who wishes to offer her services, should write to Dr. C. J. Copp, honorary secretary of the St. John Ambulance Brigade, 554a Yonge Street, Toronto.

By the existing arrangements the Red Cross Society undertakes to raise the funds necessary to pay the salaries of all nurses asked for from England, while the Brigade undertakes the arrangements for selecting, equipping and transportation.

June 19th.—This office was notified by Miss Swift, Matron-in-Chief, British Red Cross Society, that Miss Weatherup and Miss Mallet were leaving for Alexandria on the 19th to take up duty at the Red Cross Hospital, Geizrah Palace, Cairo, with two of the British Red Cross staff.

June 26th - -During the week the War Office has again taken over 17 of the nurses who came in the last detachment and these ladies will be sent to Malta. The names are as follows:

Miss Milne-Smith, Miss Maude Bowman, Miss S. A. Paquette, Miss McInnes, Miss Seaman, Miss Wilkinson, Miss Perry, Miss Handley, Miss Tuckett, Miss H M. Smith, Miss Monk, Miss J. M. Smith, Miss Dale, Miss Lord, Miss Papst, Miss Oakley, Miss Cornell.

This is at the expense of the War Office, as their services are urgently required at that place. Thus in all 38 nurses will have gone to Malta.

The following nurses are stationed as mentioned:

Brigade Hospital, France: Miss Lucy Wilson.

Red Cross Hospital, Cairo: Miss Mallet, Miss Weatherup, Miss Stuart, Miss Brown.

Dunsdale Hospital, Westerham, Kent: Miss Mann, Mrs. Rothwell.

Bidboro Court, Tunbridge Wells: Miss Gladys Dixon, Miss Price.

The Nurses' Rest Home is serving a most useful purpose and is greatly appreciated by the Sisters who have been in residence. The report for the month of June is as follows:

Every room in the Rest Home is now occupied, and there is only one vacant bed (in a double room), which is expected to be taken when Sister Hayhurst is well enough to leave the Nursing Home, where she has been since June 17th. Four of the Sisters now in the Home have come over from France; one is from Toronto General Hospital Unit, and one is from Miss McDonald's office in London.

On every side the very deepest appreciation is heard from Sisters and their friends of the comforts and benefits of the Home where they are able to recuperate before taking up once more the well-beloved work of nursing, which illness compelled them to abandon.

The Canadian soldiers from the public wards of the Second London General Hospital are regularly entertained.

The Matron wishes to acknowledge especially the gift of a quantity of home-canned Canadian fruit and two gallons of maple syrup received in time for the Dominion Day fete.

The following donations have been received from Sisters who have used the Home:

Miss Boulter, $35; Miss Manchester, $5; Miss Nesbitt, $5.

Miss Beatrice Kent, who was a delegate from London, England, to the conference at San Francisco, gives some interesting "echoes" in a letter in *The British Journal of Nursing*. She says:

"In listening—as it has been my privilege to do—to so many ad-

mirable papers read at the convention of the American Nurses' Association, I have been particularly impressed by the fact that the keynote struck by all the speakers was the essential value of education. I have alluded to this before, but I wish to emphasize it because in this fact we find the reason—outstanding and clear—of the rapid progress which is being made by the American nurses and their profound sense of their responsibility as servants of the sick. By the courtesy of the American Nurses' Association I am able to make quotations from a paper read by its retiring president, Miss Genevieve Cooke, who presided at a meeting of the members on the evening of June 21, which definitely proves my statement:

"The nurse of to-day is educated by widely different methods, and to meet widely different demands from those of yesterday, and to lay a wise and adequate foundation to efficiently equip the nurse of to-morrow is one of the serious problems which concern our teaching body, and our far-seeing and sympathetic associates and medical officers. We may indeed be thankful that in the education of the present-day nurse, a wider interpretation of this simple title prevails, and whether the demand for service to-day calls her to the private home or to the hospital, or to serve in time of general calamity, such as earthquake, fire, flood, or to succour the wounded on cruel battle fields, the ministrations of the true nurse may be anticipated not only with a confidence that she possesses technical skill, and the experience which makes her the chief assistant to the great surgeon, but also with trust and belief that in her experience in the school of Life she has come into possession of that knowledge and sympathetic understanding of souls in distress, which fits her to be the chief assistant to the Great Physician. We must all in time come to recognize the truth of the statement that the development of a soul is not a peaceful process like the growth of a plant. The realization of a Divine purpose within ourselves, we are told, is not in obedience to a tranquil necessity. For ever there is conflict between high ideals and low standards, a wrestling with the principles of evil, hand to hand; foot to foot, every inch of the way must be disputed. It is thus in our struggle for lifting the nursing profession to higher efficiency."

By the courtesy also of Miss Goodrich, Assistant Professor in the Department of Nursing and Health, Teacher's College, Columbia University, New York, I am also enabled to quote from her "response" to the most charming address of welcome given by Mrs. Frederick Sanborn, President Woman's Board of the Panama-Pacific International Exposition, on the same evening:

"It was, as you know, our purpose to hold at this time not only a National but an International Congress. We rejoiced that the Third Triennial Congress should have fallen upon this year, and that we too

should have gathered together from many nations those deeply concerned in the upbuilding of our profession throughout the world. Alas! the great tragedy that is being enacted on the other side has made such a congress impossible. At the opening exercises of Columbia University last year, President Butler said, with both bitterness and sorrow: 'The great scholars that were to have been with us this winter will not be here; they are on the other side killing and being killed.' This, thank God, we do not have to say, but rather can we say, those who were to have been with us this year, not only from other nations, but out of our own, giving us of their wisdom and their experience, and stimulating us by their presence, regardless of nationality, are binding the wounds of the injured and fighting pestilence and famine, are giving of their time, strength and even of their money, to repair in such measure as they can the terrible devastation that that appalling remnant of barbarism, legalized manslaughter, has precipitated in such an overwhelming degree. Inspired as we should have been by their presence, their absence is still more inspiring. Never were we so internationally united, for across the great distance that separates us comes their silent testimony to the place that has been assigned to our profession in the service of humanity. Again our attention is called to the fact that our calling knows neither day nor night, neither creed, sex, color, nor nation, war nor peace, and again is emphasized the fact that a service so weighted with opportunity and responsibility cannot be fitly rendered to humanity except all avenues whereby a thorough and comprehensive technical and theoretical preparation are opened to those seeking to prepare themselves for this service. . . . We face the future full of hope and courage, and again bend our energies to leave a sound educational foundation for the future generation of nurses, whose services will never be more greatly needed than in the years which will follow this great war. We believe that the State and even the Nation should assume some responsibility in the preparation of this servant, whose services are of such wide value; and if a healthy nation is her greatest resource, she would be justified in placing at the disposal of any student of nursing the broadest educational opportunity, and we shall not rest until the institution of learning as well as the institution for the sick has opened its doors to our members, and until is required of every nurse a definite evidence through a licensing examination that she is equipped with the thorough scientific preparation through which only she can render her complete service."

The Second International Conference on Race Betterment, held in San Francisco, California, August 4-8, was attended by a large number of men and women of scientific achievement The conference discussed

race decadence, the possibilities of race improvement, and the agencies of race betterment

Luther Burbank, the plant wizard, discussed "Evolution and Variation with the Fundamental Significance of Sex." Mr. Burbank said: "Abundant, well-balanced nourishment and thorough culture of plants or animals will always produce good results in holding any species or variety up to its best hereditary possibilities, beyond which it cannot carry them, and lacking which, maximum development can never be realized. But a sharp line must always be drawn between the transient results, temporarily attained through favorable environment and the permanent results of selection of the best individuals for continuing the race. Only by constant selection of the best can any race ever be improved."

Paul B. Popenoe, editor of the American Journal of Heredity, in discussing "The Natural Selection of Man," declared: "There are only two ways to improve the germinal character of the race, to better it in a fundamental and enduring manner. One is to kill off the weaklings born in each generation. That is Nature's way, the old method of natural selection which we are all agreed must be supplanted. When we abandon that we have but one conceivable alternative, and that is to adopt some means by which fewer weaklings will be born in each generation. The only hope for permanent race betterment under social control is to substitute a selective birth rate for Nature's death rate. That means eugenics."

Dr. J. H. Kellogg, Superintendent of the Battle Creek Sanitarium, proposed that the conference institute a eugenics register which would undertake to register two classes of persons: "First, those who, on examination in relation to personal characteristics and family pedigree, are found to measure up to eugenic standards. Second, the children born of parents whose pedigree and physical characteristics conform to the required standards. Such a registry would be the beginning of a new and glorified human race, which, some time, far down in the future, will have so mastered the forces of nature that disease and degeneracy will have been eliminated. Hospitals and prisons will be no longer needed, and the golden age will have been restored as the crowning result of human achievement and obedience to biologic law."

Among the other speakers were: Dr. David Starr Jordan, of the Leland Stanford University; Dr. Ernest B. Hoag, of the Los Angeles Juvenile Court; Edgar L. Hewett, Director of the United States Bureau of Ethnology; Prof. Irving Fisher, of Yale University; and many others of equal prominence in sociological and scientific circles.

The conference was concluded with a Morality Masque, in which two hundred students of the University of California took part. This masque was a dramatic arraignment of disease and war.

Those who have occasion to lift bed patients from bed to couch or another bed will, I think, find this band useful.

Take two yards of strong cotton cloth 36 to 42 inches wide. Fold lengthwise so there will be three thicknesses, stitch long edges, fold ends over about seven inches, and stitch firmly, making a loop to slip the hand through.

To lift, pass the band under the patient's buttocks, place one arm under the shoulders, slip the other hand into one of the loops of the band. The person assisting takes the other loop and the patient's legs. This makes an easy lift for the patient and for those doing the lifting.—*The Trained Nurse.*

Iodine, as employed by Dr. A. H. Thomas in the treatment of diphtheria, is applied in the form of ointment, containing 5 per cent. of free iodine. Three cotton-wool mops are used in this method, two to remove the secretions and false membrane and to dry the affected surface; the third, after smearing it with the ointment, is thoroughly rubbed over the inflamed tissue and surrounding areas. These applications are repeated every three hours, or, in severe cases, every two hours, until improvement occurs.

Dr. Thomas has had excellent results with cases so treated.—*The British Journal of Nursing.*

The question of clothes is one in which almost every normal human being takes a more or less active interest. It is, of course, a recognized fact that they exercise a very decided influence for good or for evil upon the average mind; and that a man, for instance, who goes about for days unshaven in a suit of pyjamas is hardly likely to be at his best either mentally or physically. Mrs. Scharlieb, whose excellent article on the morals of the young has appeared in the March number of "The Child," comments upon the bracing effect of neat and suitable clothing upon the character of the growing boy or girl. "Looked at from one point of view," she remarks, "clothes merely serve to defend the body from heat and cold, and to afford that adequate covering demanded by one phase of civilization. Looked at from a slightly different point of view, clean, suitable, and pretty clothes are a real help to morality, whereas dirty, untidy, and ragged clothes, by lowering self-respect, constitute a real hindrance." Another writer in the same number of "The Child"—Miss Alice M. Burn—goes a step further and declares bad clothing to be at the root of the defective physique which is unhappily only too common amongst the children in our

elementary schools. "I know of no other condition," she says, "not even excepting bad housing and bad feeding, which, taken alone, is responsible for so much impaired vitality, and consequent low standard of physique. I would carry my statement even further: All other conditions remaining unchanged, rationally clothe a child from infancy and bring it under the influence of physical movements, even such as our elementary schools provide, and better racial results will be obtained than by the correction of any other one deteriorating influence.—*The British Medical Journal.*

THE SITTING POSITION IN PNEUMONIA

The *British Medical Journal*, quoting from a foreign exchange, says that Mlle. E. Cottin has made an extensive study of the results of allowing pneumonic patients to leave their bed for part of the day. She tells how this plan came to be adopted by Dr. C. Widmer. He was surprised to find that in eight severely delirious patients of his who left their beds the delirium disappeared, fever diminished, and there was rapid disappearance of the pneumonic symptoms; none of these patients died. Later, he treated fifty cases by this method, and advised early resort to it: he found that the patients realized the benefit of sitting on a sofa or taking a short walk in the room; they felt they were free from the notion of being ill, and their pain was relieved. A period of four hours' sitting daily was found sufficient; temperature fell from ½ deg. to 2 deg., the frequency of respiratory and cardiac movements diminished, blood pressure increased, and a feeling of euphoria was experienced. Mlle. Cottin has treated a large number of cases thus.—She selects for description twenty of the gravest cases, ranging in age from twenty to eighty. Some were allowed to get up on the day after their entry into hospital; others a few days later. As a rule, the hours from 2 till 6 p.m. were selected, owing to their convenience. The patients, clothed in a dressing-gown and a covering for the legs, were helped by a nurse on to an armchair close to the bed. On being comfortably settled, they were encouraged to give their impressions of the change of posture, and especially to give warning when they wished to return to bed. Only one asked this after two hours' sitting. He said he "did not feel bad, but he had had enough." The others would gladly have remained seated beyond 6 p.m. had it been possible. No one made any complaint; all wished to renew the experiment on the following days; some even swore when bedtime came, especially one patient, who felt a stitch in his side only when recumbent. Asked what they thought of the sitting treatment, they said they breathed much more easily, expectoration was more abundant and less painful, sweating ceased, and they enjoyed a pleasant euphoria; they also appreciated the relief

from the incessant need to arrange their pillows comfortably. Objectively, Mlle. Cottin noted that cyanosis became much less intense, respiration slower and deeper, pulse fuller and often slowed by 10 to 20 beats a minute. In a fat, delirious, alcoholic pneumonic, aged fifty-five, it was found that his pulse, which was very irregular during recumbency, became perfectly regular every time he was seated. The same thing was seen in a case of double pneumonia, where the patient's cardiac state was so grave that the physician hesitated momentarily as to the wisdom of trying the treatment. Usually the temperature fell from some tenths of a degree to 1½ degrees, and it was lower in the evening after sitting than in the morning during recumbency in bed. In no case was any cardiac faintness or weakness induced by sitting.

The authoress thinks that sitting for part of the day should be adopted more often in pneumonia than it has hitherto been, and even in other acute respiratory affections, but she would not try it in all pneumonics. The earlier it is tried the better, and she specially urges its use in those who are dyspnoeic, congested, and arrhythmic, and in those whose hearts are nearest to exhaustion, for she finds that cases of cardiac insufficiencies gain more relief by it than any other cases. The benefit she attributes partly to derivation of the blood to the lower limbs and partly to increase of diaphragmatic breathing. In support of this belief, she found that after sitting for two hours there was an increase of ½ cm. in the thigh and calf of one patient, and in another patient, while sitting in bed with the legs extended, there was on the sound side a pulmonary expansion of 1½ cm., whereas with the legs hanging over the edge of the bed it rose to 3½ cm. (It seems probable that the mere hanging of the legs out of bed might well be tried in cases which sitting up out of bed appeared inadvisable). The results obtained were as good in women as in men, but it was found that pneumonias of the upper lobe were less influenced in their evolution than those of the lower lobe.—*The British Journal of Nursing.*

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO

A special meeting of this Association was held on September 10, 1915, in the Lecture Room of the Toronto General Hospital, for the purpose of deciding upon the eligibility clause of the by-laws, and to arrange a curriculum which might guide the Directors in passing upon the eligibility of candidates for membership in the Association.

The eligibility clause as now adopted is:

"That nurses graduating from a Training School in connection with a Hospital with a daily average of twenty-five occupied beds, and giving its pupils not less than a two years' training in General Nursing, or giving an equivalent training in one or more hospitals,

and whose curriculum has been approved by the Board of Directors of the Association shall be eligible for membership."

And the following is the "Standard curriculum for Training Schools for Nurses in Ontario" which was adopted for the guidance of the Directors:

Classification of Hospitals

1. General hospitals.
2. Special hospitals, such as: Eye and Ear; Children's; Infants'; Lying-in: Tuberculosis: Orthopaedic; Skin and Cancer; Hospital for Contagious Diseases; Sanatoria or Hospitals for Nervous and Mental Diseases; Hospitals for Incurables.
3. Private hospitals.

The following recommendations are made:

1. That a probationary term of not less than three months be maintained.
2. That probationers be admitted in classes, at regular intervals.
3. That a preliminary course of study, of not less than three months' duration, be given to each class, such course to include practical demonstrations of general nursing methods.
4. That at least two weeks of the preliminary course be given before allowing pupils to assume any nursing responsibility.
5. That pupil nurses should not be called upon to give more than sixty-three hours per week to their work, including class hours and exclusive of time off duty. All time lost by illness of pupils should be made up at the end of the course.
6. That all hospitals which cannot give one of the courses hereinafter outlined, in its entirety, should seek affiliation with other hospitals in the subjects not covered by the class of patients under treatment.
7. That a vacation of at least two weeks per year be allowed all pupils.
8. That all hospitals maintaining training schools of any character, including hospitals for the insane, employ a graduate nurse as Superintendent of Nurses.
9. That no hospital should attempt to maintain a training school for nurses if it cannot meet the requirements of the two years' minimum course, or arrange affiliation with other hospitals that will provide full equivalents.
10. That training schools should not be maintained in small hospitals without at least two paid resident instructors being provided for the teaching of nurses, one of whom must necessarily be Superintendent of the hospital and Principal of the training school. That all hospitals, irrespective of size, have a graduate nurse as night supervisor. This number should be considered the absolute minimum, irrespective of the size of the school.

The following requirements must be met before membership in the Graduate Nurses' Association of Ontario is granted:

1. The Superintendent of Nurses must be a graduate nurse of a hospital of good standing.
2. The staff must include a graduate day assistant and a graduate night supervisor.

Minimum Course of Instruction, Exclusive of Practical Nursing Demonstrations

Minimum time spent in practical work in different branches of training:

Medical nursing . . . . . 3 months on public ward duty.
Surgical nursing. . . . . 3 months on public ward duty.
Nursing of children. . . . . 2 months.
Obstetrics . . . . . 2 months in practical nursing, including 10 cases.
Contagious diseases. . . . . (optional) 2 months.
Operating room work. . . . 6 weeks.

Nursing Course in Theory Required During Course of Training

1. Theory of practical nursing—72 hours
2. Anatomy and Physiology—30 hours.
3. Materia Medica—24 hours.
4. Theory and practice of Dietetics—24 hours.
5. Medicine—10 hours.
6. Surgery, including Orthopedic—10 hours.
7. Gynaecology—4 hours.
8. Bacteriology and Urinalysis—10 hours.
9. Hygiene—10 hours.
10. Ethics—6 hours.
11. Bandaging—10 hours.
12. Obstetrics—10 hours.
13. Infectious Diseases—4 hours.
14. Nervous and Mental Diseases—2 hours.
15. Children's Diseases—6 hours.
16. Diseases of the Skin—2 hours.
17. Eye, Ear, Nose and Throat—6 hours.

General and Special Hospitals

Hospitals of this class which cannot give the minimum course previously outlined must arrange affiliation so as to complete the training of the pupil.

Private Hospitals

Hospitals of this class must arrange affiliation with a general hospital for three months' medical and three months' surgical nursing

in a public ward. In addition, if the hospital is unable to give the minimum course previously outlined, affiliation must be arranged to complete the training of the pupil.

TO NURSES, AT GRADUATION—MAKE NOT ONLY A LIVING, BUT A LIFE

The methods and principles of a certain great manufactory have been much heralded throughout our country. It is the purpose of the establishment to promote and advance the worthy and efficient workers as far as such knowledge of them comes to the heads of departments.

Contrary to the usual procedure, a worker must be worthy as well as efficient. A visitor, being much impressed, inquired concerning this, was told that the firm believe that their men should not only make a living, but should make for themselves a *life* and that it was useless to encourage those who could not do so.

No reason was given the visitor for this, but it is at once apparent that the value of a life and its results are summed up in character; and character is largely made by the manner of doing ordinary tasks in addition to the reason for doing them.

The life you have chosen is one of service and the truest nobility is honest, earnest service, and the ideal of service is faithfulness or work done according to a high standard set up by the worker himself.

You know we have often discussed the fact that not all are endowed with equal ability: but you have it within your power to see that no one excels you in faithfulness and industry, which, after all, are the most splendid gifts.

The hospital days are in the past and you have given your service to it with a degree of faithfulness known best to yourselves. You know, also, whence came your greatest happiness—whether from the perfected task or in that which, mayhap, you partially evaded.

Whether you so reason it, you have learned that to accept your work as part of your duty and to cultivate it as a habit, is to safeguard your lives from many a mistake and error.

Ability to continue to toil is now what you must cultivate and you must find your compensation in an increased ability.

The work which has no other than a money value cannot bring the satisfaction the worker craves. If you put love for others in it, you take grossness out of it.

If you put love and efficiency into it and if you carry it on with patience and energy you prove yourselves worthy of promotion, worthy the honor of receiving harder and larger tasks, and you do give adequate response to your high calling.—*The Modern Hospital.*

PRAYER FOR NURSES

Adapted from Bishop Walsham How.

Merciful Jesus, Who in the days of Thy flesh didst go about healing the sick, we humbly beseech Thee to strengthen and support us, and all other nurses, either at the front or at home, who are called to tend the suffering. Give us all grace to fulfil our task with patient endurance and with loving tenderness. Comfort both them and us in our weariness with the comfort of Thy Blessed Spirit. Help us to feel how good and blessed a thing it is to be permitted to minister to the wants of the sick and suffering. May each season of self-denying labor bring its own blessing to ourselves. May we, while humbly following Thy Divine Example, become daily more like unto Thee. So that, when we shall each in our own turn be called to suffer and die, we may be able with lowly submission and loving trust to commit ourselves into Thy Hands to do with us what Thou wilt. Hear us, O merciful Jesus, for Thy tender mercy's sake. Amen.

THE LORD'S PRAYER

For Every Day, and Every Need

Our Father, which art in Heaven, Who art wherever perfect happiness is;

Hallowed be Thy Name, and Nature, of wise, self-disciplined love, by me reverenced and imitated;

Thy kingdom come, in my own heart, through Thy holy Church, through civilization, and howsoever happiness may be advanced;

Thy will be done, in earth as it is in Heaven, patiently, bravely, and with loving self-sacrifice;

Give us this day our daily bread, all things needful, both for our souls and bodies, that we may both perceive and know what things we ought to do or ought to avoid, and also may have grace and power faithfully to fulfil the same, or avoid the same, as the case may be;

And forgive us our trespasses, as we forgive them that trespass against us, frankly, from the heart, desiring only to love and serve them;

And lead us not into temptation, either of the world around us, the flesh within us, or the devil about us; but if Thou dost allow us to be tempted or tested, **deliver us from** any of these forms of **evil,** and from the evil one who inspires them; we watching, praying, striving against them, and in the strength of Thy Divine Son, through the Holy Spirit, overcoming them;

For Thine is the kingdom, Thine alone is the **Power** through which it can be advanced, Thine is the Power which is advancing it in me daily, and everywhere, Thine is and always shall be the **Glory** of it, the gratitude, and the service.

For ever and ever. Amen.

A copy of these prayers was furnished to each nurse of Toronto University Base Hospital by Rev. T. T. Summerhays, Toronto.

Editorial

THE STANDARD CURRICULUM

The need of a standard curriculum for the Nurse Training Schools of Canada has long been felt by many of the organizations of nurses, and pleas have been voiced at different times for the society composed of the nurse teachers of Canada to undertake such a work.

The benefits of such a curriculum are apparent to those who are interested enough to give the subject careful thought. Some that might be noted are that every Principal of a Training School is furnished with a model by which to arrange her own; this standard curriculum will tend to stimulate good teaching in the training schools, so that the graduates of the different schools will be equally well informed and the different Associations would have a standard by which to measure applicants for membership. The uniformity in training resulting from the use of such a standard would do away with the present unsatisfactory state of affairs where each training school is a law unto itself as to the education its pupils shall receive.

As yet there seems to be no evidence that the nurse teachers have recognized this need and consequently nothing has been done to meet it.

We note that some of the Provincial Associations are not indifferent to the need of such a standard, by which to measure would-be members. Manitoba has her Act, which entitles her to arrange such a standard. But it is not always necessary to wait till the law says "You must." Work undertaken voluntarily to meet a recognized need is much more apt to be done with eagerness and zest and to be carried to a successful issue. But such work requires the cooperation of all concerned to ensure even a measure of success.

The nurses of Ontario will read with interest the curriculum which has been adopted by the Provincial Association. It is evident that the committee entrusted with the work of arranging this curriculum gave much painstaking work and careful thought to the task. Now, it is the earnest hope of the Association that the Principals of the Training Schools will give this curriculum careful thought and heartily cooperate in its operation. Let none think the ideal set by the Association impossible of attainment, but let all work together that the best possible in nursing education may be attained. The curriculum furnishes a standard by which to measure applicants for membership, and there isn't a Principal in the province who will admit that the standard is too high, but we are assured all will work together to make the Association embody in its membership every nurse in the Province.

THE FRENCH FLAG NURSING CORPS

A number of letters have been received in response to our appeal for volunteers for service in this Corps. These letters have been handed to the War Committee of the Graduate Nurses' Association of Ontario, whose duty it is to look into credentials and arrange all final details. As it is part of this committee's work to arrange for the transportation expenses of these volunteer workers, there may be nurses who are debarred from going who would be glad to send a substitute or help send a substitute. If so, the committee will be grateful if you will send your contributions to the Secretary-Treasurer, Miss A. Weyer, 51 Grosvenor Street, Toronto. If every nurse does her bit there will be no doubt about the work being accomplished in a manner creditable to the profession.

The War Committee of the Graduate Nurses' Association of Ontario secured three nurses for Dr. C. J. Copp, Assistant Commissioner St. John Ambulance Brigade, who had asked the committee to assist him in securing nurses for the Red Cross. The nurses who sailed on July 22, 1915, were Miss Sagor and Miss Eliza Reid.

The committee will be glad to receive further responses to the appeal for volunteers for the French Flag Nursing Corps. Marked copies of *The Canadian Nurse* containing this appeal were sent to all the nursing organizations of Ontario and to the Hospital Superintendent where there was no organization. The committee is indebted to the Business Manager for this kind assistance.

Address applications to Miss A. Weyer, Secretary of War Committee, 51 Grosvenor Street, Toronto.

Donations to assist the committee in its work will be very acceptable.

One donation of $3.00 has been received from Miss D. E. Ross, Toronto.

The committee hopes that the nurses will do all in their power to facilitate this very necessary work and to enable it to send nurses where they may do most good.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Helen N. W. Smith, Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

The regular monthly meeting of the executive of the Graduate Nurses' Association of Ontario was held in the clubhouse, 295 Sherbourne Street, on Wednesday, August 18th, meeting one week earlier than usual, to prepare the program for the special meeting on September 10th.

The report from the Eligibility Committee was made, and a proposed Standard Curriculum and detailed schedule of Clinics and Demonstrations submitted, the curriculum to come up for discussion at the special meeting. At the present time a great many schools appear to be very irregular in their training of nurses, and some have no set curriculum at all, and it was thought that this might help to standardize nursing in the province.

SANDY AND THE PIPES

The troubles of a Matron of a small hospital are many and varied and not the least of these is due to the orderlies. In one of the little Victorian Order Hospitals the orderly was named Sandy. Sandy found life very monotonous and lonely, so in order to while away the time he sought solace in his bagpipes.

One evening the Matron was horrified at hearing a fearsome noise in the basement. At first she thought surely the water tank had burst, or the Germans were upon them; but soon she realized what it was, as the heartrending notes of "Home, Sweet Home" smote her ear, and as she went through the wards she found the women patients all greeting sair. So Sandy was taken to task and told he must not play in the building—it was too small. But when the Matron was away the men patients would coax, and Sandy would steal down to the basement and, marching up and down, in and out, around the washing machine, furnace, and so on, would play, and the Matron would return to find the women tearful. This was finally put a stop to. But one day—one of those very busy days in a little hospital—the Matron was called hurriedly to the 'phone, and an imploring voice besought her to send for her orderly, as he was disturbing the town with his deadly pipes. "Keep him there—forever," she called back, as she hung up the receiver.

Puir Sandy, however, had his innings. The Ladies' Aid were giving a garden party on the lawn, and they asked Sandy very graciously if he would play during the afternoon. And a proud man was Sandy that day, as, with kilts and cap ribbons flying, he strutted up and down playing his beloved pipes.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

INFANT FEEDING IN SUMMER DIARRHOEA

By H. B. Cushing, M.D.

The artificial feeding of an infant is apt to be a difficult problem under the best of circumstances, as we all know to our sorrow. With a normal healthy infant one has at least a good prospect of succeeding, but during the hot weather, and when the case is complicated with an entero-colitis, the difficulties are increased tenfold.

During the past few summers it has been my privilege (or misfortune) to be in charge each summer of the wards of two or more institutions receiving young infants under their care, and so I have had rather unusual opportunities of observing the end-results, so to speak, of the artificial feeding of infants. The usual sequence of events has been that the child was nursed for a few weeks or months, then started on a course of artificial feeding, usually passing through a whole series of modified milk mixtures, whey and cream, and proprietary foods, until hot weather and summer diarrhoea intervened, and then the victim was sent into an institution as a last resort. I cannot say that my results in the treatment of these cases have been so remarkably successful that I wish to lay claim to any original or infallible method of treatment, but since I have been asked to speak on the subject this evening, I will briefly outline the general principles which I have adopted.

The first question is, naturally, that of prophylaxis. I am sure it will not be out of place if I spend a few minutes in speaking of infant

*Read at a meeting of Montreal Medico-Chirurgical Society, 21st May, 1915, as part of a discussion on Infant Feeding.

feeding from this standpoint. Personally, I am profoundly convinced that the ordinary summer diarrhoea is an infectious disease with a seasonal prevalence. Whether due to a specific microbe or to a number of different microbes (as seems more probable) has not been determined yet, in spite of the enormous amount of work done along these lines, notably by the Rockefeller Institute.

In the institutions with which I have been connected it has been repeatedly my experience to observe that the cases in the wards would be getting along fairly well, even through spells of very hot weather, until, following the advent of some acute case of cholera infantum to the ward, there would be a sudden outbreak of cases of summer diarrhoea, with the usual mortality.

The conclusions I reached were:

1st.—That acute cases of summer diarrhoea should not be received into homes or hospital wards with other children of susceptible age.

2nd.—That since the infection is obviously through the digestive tract, sterilized or pasteurized food should be used during the very hot season in all densely-populated places. If the milk supply cannot be relied on, during this time it is better to use condensed milk or prepared foods, with all their disadvantages, than expose the children to the serious danger of infection from contaminated milk.

3rd.—When the weather is very hot it must be remembered that the infant is unable to assimilate the same quantity or concentration of nourishment as in the cold weather; in other words, that the maximum tolerance of the child for food is greatly diminished. Therefore the total amount of food should be diminished or the dilution increased to prevent gastro-intestinal disturbance that would predispose to infection.

The next question I have to consider is the diet during an acute attack of summer diarrhoea. This is one of the few points in infant feeding that everyone seems agreed on—the diet during the acute stage is one of starvation. The less we give the child to eat for a short period the better for the child. The best diet for the first day or two is plain boiled water. It is often difficult to carry this out in private practice and the usual method is to give some bland non-irritating fluid which serves the same purpose. Diluted barley-water, rice-water and oatmeal-water are familiar examples. In Vienna it was customary to use weak tea without sugar or milk in all these cases. Whey and albumen water, which are much used for the same purpose, have been objected to by some authorities from the theoretical standpoint that they are albuminous and so subject to decomposition and the development of toxines.

The question arises how long should this starvation diet be kept up. Cases differ, and the only rule I can give is that it is usually kept up

for too short a time to accomplish its aim, and that it is better to continue starvation for a little longer than is thought absolutely necessary.

The second important point during the acute stage is to endeavor to maintain or increase the amount of fluid in the body, to lessen intoxication and dehydration. The most satisfactory and efficacious avenue of absorption is the natural one through the stomach. However, if the child cannot or will not drink, the next best method is by the rectum. I have long considered that the important point in rectal lavage in summer diarrhoea is not the amount of material removed but the amount of fluid retained, and for this reason have come to use only weak saline or sodium bicarbonate solutions, abandoning all astringents and antiseptics. The fallacy of so-called high rectal enemata is generally admitted. Anyone who has watched the entrance of bismuth solution into the colon with the fluoroscope recognizes that any fluid introduced slowly within the internal sphincter ani reaches the ileo-caecal valve in a few moments if retained in sufficient amount. I have tried the drop method of rectal saline administration but never had much success in young infants. Rectal methods failing, the subcutaneous and intravenous methods have been recently advocated, with some success in desperate cases.

The question of feeding an infant during the later stages and convalescence from an attack of summer diarrhoea presents the greatest difficulties of all. It is here that we find the widest divergence of views among authorities. It appears to me that the most important point of all is to realize that the infant's ability to digest and assimilate food is seriously impaired and remains so for a considerable time. In other words that it is necessary to go slowly; that the error is most likely to be made on side of giving too much food, or too strong food and giving it too early. Especially is this the case where there are signs of definite organic change in the mucosa, catarrhal or ulcerative; in other words, where mucus and blood occur in the stools. In these cases it is important that the parents should be warned that it will be weeks before a return to the regular diet is possible or the child can be expected to gain weight as before the attack. Modern ideas of high caloric feeding in fevers do not seem applicable to babies, at least clinically.

As to the character of the food to be given, there appear to be as many views as there are writers. Each of the three main elements, fats, carbohydrates, and proteids has been blamed in turn for causing the difficulties, and we are cautioned by different schools to avoid each of the three. Individual cases undoubtedly differ, and the main point in my experience is to go slow, and increase gradually. The chief danger is trying to advance too rapidly and give more food than the child can properly assimilate.

HOSPITALS AND NURSES

Saskatchewan

Miss M. K. Gallaher, Superintendent of the General Hospital, Moose Jaw, has been accepted for overseas service. Miss Gallaher, who left Moose Jaw August 30 for Ottawa, was given a civic send-off by the mayor and other city commissioners. The Medical Association of Moose Jaw presented Miss Gallaher with a beautiful gold wrist-watch, while the Hospital Board gave her a magnificent Kodak camera, accompanied by a suitable address. Miss Gallaher was granted leave of absence, her position being filled by Miss Jean Wilson, who has been assistant to Miss Gallaher for the past five years.

The 1915 graduating class from Strathcona Hospital, Edmonton, are: Misses A. Cross, C. Oppertchsu, A. Jones, A. Rees, C. Frederickson, M. Steele, I. Maes, E. McIntyre, V. Strange, E. Smith, and E. Thompson.

The 1915 graduates from Misercordia Hospital, Edmonton, are: Misses Gertrude A. Lutz, Muriel M. Hill, Marion Beaston, A. A. Evans, and Hilda Burge.

Manitoba

Winnipeg: There was a large gathering of friends on the platform of the C.P.R. station at 10.30 a.m. on August 24th, when the special train arrived from the west, bringing the British Columbia Hospital Unit. The 75 nurses, seven of whom are graduates of the Winnipeg General Hospital, immediately became the centre of an informal reception.

The Superintendent, Miss Frederica Wilson, was for over nine years the Superintendent of the Winnipeg General Hospital Training School for Nurses. She had been in British Columbia resting for the past year.

The other Winnipeg General Hospital graduates going with this unit are:—Miss Jean Matheson, 1899; Miss Edith Lumsden, 1900; Miss Victoria Erant, 1905; Miss Mary Cobbe, 1906; Miss Ruby Stewart, 1911; and Miss Annie B. Hamilton, 1912.

This brings our representatives on active service at the front up to thirty-one.

Miss C. M. Hood, 1905, is stationed at the Duchess of Connaught's Red Cross Hospital, Clivedon.

Miss Ada J. Ross, 1905; Miss C. de N. Fraser, 1906; Miss Annie E. Johnson and Miss Mamie Burns, 1907, with Miss Aikman, 1912, are Red Cross Nurses stationed at Valetta, Malta.

Miss Annie M. Forrest, 1907; Miss Lola Bell, 1908; Miss Jessie

Smith, 1909; Miss Alfreda Attrill, 1909, are stationed at No. 2 Canadian Stationary Hospital, Le Touquet, France.

Miss Mary White, 1910; Miss Ella Parker, 1910; Miss Mae Best, 1910; Miss Margaret Howe, 1911; Miss Margaret McGill, 1913; and Miss Lilian Lynch, 1914, are together at No. 2 Canadian General Hospital, Le Treport, France.

Miss Sadie Ferguson, 1912, is at present on leave of absence near Belfast, Ireland.

Miss Edith M. Deason, 1913, is stationed at No. 1 Canadian Stationary Hospital, British Expeditionary Force.

Miss Grace Connor, 1914; Miss Annie F. Mitchell, 1914.

During the month of August, 246 tins of surgical supplies, sent to the Manitoba branch of the Red Cross Society from the various organizations throughout the province, were sterilized and sealed by the Winnipeg General Hospital.

The Nurses' Alumnae Association have been meeting each Friday afternoon during the summer to do their part in the making of surgical supplies to be forwarded through the Red Cross to hospitals at the front.

Ontario

The annual meeting of the G. & M. Hospital Alumnae Association, of St. Catharines, was held at the Nurses' Home, Queenston St., August 25, 1915, at 3 p.m. Among those present from outside points were: Miss McIntosh, of Buffalo, one of the oldest graduates of the school; Miss Lymburner, of Niagara Falls; Miss Sweet, of Louisville; Miss Martin, and Mrs. Lindsay (nee M. F. Thomson). Misses Taylor and Swayze were accepted as new members of the association. Letters were read from Misses Blackhall & Shantz. Miss Shantz expressed her regret at being unable to attend. She was formerly our President, and the feeling that the association had lost a most earnest worker was generally expressed. She is at present at her home in Berlin, having been called from Regina by the illness of her mother. Miss McCormack was elected President; Miss Taylor, 1st Vice-President; Miss Knowles, 2nd Vice-President; Miss A. E. Moyer was re-appointed as Secretary-Treasurer, with Miss Swayze as assistant. The President, with Misses Calvert and Marriott, were appointed a committee to arrange a program for the coming year.

The graduates of Woodstock General Hospital have organized an Alumnae Association, with the following officers: Honorary President, Miss Frances Sharpe, Superintendent Woodstock Hospital; President, Mrs. V. L. Francis; Vice-President, Mrs. A. T. MacNeill; Recording Secretary, Miss Mary H. Mackay; Corresponding Secretary, Miss Kath-

leen Markey, Wellington St. N.; Treasurer, Miss Winnifred Huggins, Riddle St., N. The Canadian Nurse representative is Miss Sharpe.

The Association will meet monthly, on the second Monday, at 7.30 p.m.

The graduation exercises of the 1915 class of the Berlin and Waterloo Hospital were held in the assembly hall of the Collegiate on the evening of April 30, 1915, when the following nurses received diplomas and medals: Mrs. J. Turner, Miss M. Wunder and Miss McCorkindale. President J. B. Hughes presided. Miss Charlotte E. Aikens, of Detroit, addressed the graduating class, her subject being "The Human Side of Nursing." The Florence Nightingale Pledge was administered by Dr. J. F. Honsberger. A copy of the pledge was given to each member, the gift of the former Superintendent, Mrs. H. M. F. Bowman. President Hughes presented the diplomas and instrument cases. Mr. W. H. Schmalz, chairman of the house committee, presented the medals. Mr. Geo. Wegenost, on behalf of the Ladies' Auxiliary, presented books on nursing by Miss Aikens, and on behalf of the Young Women's Auxiliary of Waterloo presented boxes of rubber equipment. Mayor J. E. Hett made a brief address and presented to Miss Potter, who is en route to the Front, a ten-dollar gold piece, on behalf of the citizens. During the program excellent solos were rendered by Mrs. H. M. Hambrecht, of Berlin, and Messrs. J. Ellis and E. W. McKenzie and Rev. D. A. McKeracher, of Waterloo.

Peterboro: The Nicholls Hospital Alumnae Association has regretfully, yet proudly, parted with two more members to train for service at the Front. Miss Mowry, Superintendent Queen Mary Hospital, Peterboro, and always a most active and faithful member, and Miss Walsh, whose short membership has been most helpful.

Miss Walter has returned to England and is missed very much by her Peterboro friends. Miss Ethel Davidson entertained the nurses in honor of Miss Walter shortly before her departure.

Miss Davis, who was married to Rev. S. E. Annis, M.A., B.D., of Toronto, Sept. 1st, expects to take up missionary work in China after a year of preparatory training.

Letters received from the nurses at the Front, Mrs. Douglas, Miss Roberts and Miss Smith, tell of their transfer to the Dardanelles, and of most interesting experiences.

Miss Jean Taylor has been appointed Night Supervisor of the G. & M. Hospital, St. Catharines. Miss Taylor is a graduate of the Mack Training School, class '15. Miss Merle McCormack, class '14, formerly Night Supervisor, has been appointed Assistant Superintendent.

Collingwood: The nurses gave an afternoon tea for Miss Sutherland, who is spending a few days in Collingwood before taking up her duties as Superintendent of the Cottage Hospital, Pembroke.

Private Arthur Griesbach (Collingwood's first wounded soldier to return home from the battlefield) was entertained at the Nurses' Home Wednesday, August 25th. The young soldier speaks very highly of the nursing staff. He was in the hospital three months.

Miss Rainey and Miss Griesbach spent the week-end in Barrie.

The Public Health Nurses' Association of the Department of Health, Toronto, held a meeting at the Graduate Nurses' Club, September 9, 1915. In the absence of the President and Vice-President, Miss Dyke occupied the chair. The principal subject for discussion was the plans for the course of lectures to be given to the Association at its meetings this coming year. A programme committee was appointed, and many details were settled.

After the meeting, an informal reception was held in honor of Miss Dyke, who is leaving so soon to take a year's course of study in public health nursing at Simmon's College, Boston. Other guests joined the members, and a delightful time was spent in the pretty garden adjoining the clubhouse. It is interesting to note that the guest who formed the greatest centre of attraction was a six-months' old Miss Day, whose mother, when she was Miss Preese, was the first public health nurse in the Earlscourt district.

Quebec

Montreal General Hospital Alumnae Association: Miss Belknap, our Registrar, has been taking holidays.

Miss Elizabeth Anderson (M.G.H., '11), of Regina, Sask., is spending a few months in Montreal.

Miss Flora M. Dalglish (M.G.H., '14), who went to Salisbury Plains last winter to nurse sick soldiers, is now in charge of the operating room at No. 2 Canadian General Hospital, La Treport, France. We congratulate Miss Dalglish on her promotion.

Misses Z. E. and M. V. Young, of the hospital staff, are both away on holidays. The latter is recuperating from a recent illness.

Miss Watts, a late graduate, is in charge of the diet kitchen during the absence of Miss G. Livingstone, who is spending some time in the country.

The Misses Florence and Ellen Read, Miss Daisy Brittain and Mrs. Thos. Dennison (nee Peggy McLeod), all of class '12, spent a pleasant holiday at Shawbridge, Que. The two latter had just recovered from operations at the hospital.

Miss A. Jamieson (M.G.H., '11), spent the summer at Little Metis Beach, Que.

Miss Childs (M.G.H., '13), of Beeke, Que., spent a few weeks in the city recently.

For some time back nurses have been very scarce in the city and

it has been very hard to supply the demand. Many have gone to the Front and others taking holidays.

Miss F. Strumme, class instructor at the hospital, has been seriously ill with typhoid and pneumonia, but we are pleased to say she is now recovering.

The Alumnae Association of the R.V.H., Montreal, has been in touch with most of its members who are at the Front, many interesting letters having been received from them. The nurses with the McGill Hospital are happy to be all together once more, after working in various hospitals while their own was being got ready. The volunteer nurses who went to La Panne early in June have finished their promised three months, and, as the Belgians have now enough of their own nurses, are scattering, some coming home, but many, among them Miss Edith Stuart, whose letters have been most graphic and interesting, have volunteered for further work with the army, if possible at the Dardanelles, where they seem most needed.

Miss Colchester, another R.V.H. graduate, is working under the "French Flag Nursing Corps." She has had some thrilling experiences and narrow escapes, being twice in towns which have been bombarded, their hospital windows all smashed, a piece of redhot shell flying in at one, but fortunately no patients injured. We think with pride and thankfulness of these valiant women, who, without thought of themselves, are trying to lessen the awful suffering and misery of this terrible war. Every one of them speaks of the wonderful fortitude of the soldiers, and of their gratitude and appreciation of what is done for them.

Miss Wylie and Miss Squire (R.V.H., Montreal) are with The Army Medical Corps, and when last heard from were having a few days' holiday in Scotland after some hard work in France. Misses Clint and Ida Smith have gone with Col. McKee to the Dardanelles.

URINE ANALYSIS FOR NURSES

By Henry F. Keever, M.D.,

Assistant Visiting Physician, Newton Hospital, Newton Lower Falls, Mass.

The Urine in Disease

In conditions of disease the urine is one of the most important keys to diagnosis. Its examination is essential and often in cases where there seems to be not the slightest relation to the genito-urinary tract we may find the kidneys at fault. This is particularly true in all cases of coma, for there are two kinds of coma which are due directly to involvement of the kidneys, viz., diabetic coma and uremia. In diabetic coma the urine usually gives a strong positive sugar test, and always we find acetone and diacetic acid. In uremia the urine contains large

traces of albumin. These specimens often must be catheter specimens.

Amount in Disease.—Increased amounts of urine may be passed in the following cases:

1. Some forms of nephritis.
2. Diabetes, 400—10,000 c.c.—20 pints.
3. In some diseases of the nervous system, as hysteria and convulsions.
4. There is often a temporary polyuria due to mental excitement.
5. Some drinks, as beer, wine, tea and coffee, increase the quantity of urine more than the amount of water they represent.

Decreased amounts of urine may be passed in the following cases:

1. Fevers, when much water is lost through perspiration and through the lungs.
2. Acute nephritis.
3. Retention in the bladder, due to stricture, calculi or hypertrophied prostate.

Color in Disease.—Color varies according to the degree of concentration, ranging from straw yellow, reddish brown to brown black. Patients with jaundice have a dark urine, which, when tested with a few drops of tincture of iodine shows a characteristic greenish bile ring.

Blood in the urine, such as we usually find in acute nephritis, stains it brownish red.

Fever urines are usually dark, or high colored, as we call it, owing to concentration.

Drugs may color the urine. Santonin colors the urine yellow or greenish yellow, with a yellow foam. Carbolic acid and tar preparations cause a greenish or greenish-black color.

Urine that is turbid when passed is generally pathological. This is true in nephritis because of the formation of organic constituents, and in all diseases of the urinary passages, especially in severe cystitis. Blood and pus mixed make the urine turbid. The rarest kind of turbidity is that caused by fat in the urine, viz., chyluria.

Specific Gravity in Disease.—The specific gravity in disease varies from 1.000 to 1.060. It is always high in diabetes. A high specific gravity with a clear, abundant urine points to diabetes mellitus.

Reaction in Disease.—A neutral or alkaline urine is met with in sickness under the same conditions that make it neutral or alkaline in health.

1. Due to admixture of blood and pus.
2. Due to alkaline fermentation in the bladder, as in cystitis.

Odor.—In acetone we get a fruity odor, and in cystitis an odor of ammonia.

Glycosuria

The presence of glucose in urine is no more synonymous with

diabetes than the presence of albumin is with Bright's Disease; but diabetes is the condition which most commonly causes glycosuria. Diabetes is now assumed to be a disease of metabolism which prevents the conversion of the carbohydrates into their simpler elements. The anatomic site of the lesion is usually the pancreas. Several other causes may produce glycosuria.

1. Alimentary Glycosuria—due to an excess of carbohydrate in the food, notably excess of candy or sugar.

2. Medicinal Glycosuria—due to drugs, as chloroform, amyl nitrate, inhalation of illuminating gas.

3. Secondary Glycosuria—accompanies cirrhosis of the liver, head injuries, apoplexy, paresis. It may occur during pregnancy and in the course of acute infectious diseases.

Always suspect sugar in urine if the specific gravity is high, especially if it be normal in color and abundant.

Test for Sugar: Fehlings.—This is the copper test, most commonly used. It depends on the power of glucose to reduce copper oxide in an alkaline solution.

Equal parts of a solution of copper sulphate and alkaline solution of sodium potassium tartrate are mixed in a test tube. Take about 5 c.c. of each, heat to a boiling point, then add, drop by drop, some of the suspected specimen. The presence of sugar is characterized by a yellow or a brick-dust precipitation. The mixture should not be boiled after the addition of the urine, as this induces the reduction of copper by other substances than sugar.

Acetone and Diacetic Acid

These are two pathological products found in urine, due to an acid intoxication and the breaking up of acetic acid, in cases of:

1. Starvation.
2. Febrile acetonuria.
3. Diabetic acetonuria.
4. Certain forms of cancer.
5. Mental diseases.
6. Derangements of digestion.
7. Chloroform narcosis.
8. Auto-intoxication.

Indican is found in cases of proteid decomposition in the intestines.

Albumin—Albuminuria

The most common proteid in the urine in disease is serum albumin, although pathologic conditions of the kidneys, blood, etc., may give

rise to other forms of proteid. By albuminuria we usually mean the presence of serum albumin in the urine.

A healthy kidney may excrete a certain amount of albumin, but not every urine contains albumin. It is generally admitted, however, that serum albumin and serum globulin may occur in small quantities in the urine without any changes in the kidney.

Albuminuria may be due to one of three factors·

1. Changes in the kidney which affect the excretory epithelium.

2. Changes in the blood which render its serum albumin more diffusible.

Serum albumin in noticeable amounts is never found in healthy urine and its presence is always an important clinical symptom.

Tests

Heat Test.—This depends on the fact that heat coagulates albumin as it does white of egg. Heat a test tube two-thirds full of acid urine over a flame. If albumin is present a flocculent precipitate results. Next, add one-fifth volume of a saturated solution of sodium chloride and a few drops of 2 per cent. acetic acid, then heat. If the haze remains it is serum albumin, as nucleo-albumin and phosphates are soluble in the presence of sodium chloride.

Nitric Acid Test.—This is the best and simplest. Take two parts of urine and one part of nitric acid. Slowly underlay the urine with the nitric acid. If albumin is present it will appear as a white zone at the junction of the acid and the urine. The width of the zone determines the amount of albumin present.

Slightest possible trace (S. P. T.) just visible against black background.

Very slight trace (V. S. T.) can be seen with background, but not looking down on surface.

Slight trace (S. T.). A distinct zone of white which can be seen without a background and from above.

Trace (T.). More distinct.

A brown ring often appears, due to the action of the nitric acid on the coloring pigments. A white zone is also formed by the action of nitric acid on the mixed urates, if these are in excess. This zone of acid urates is found over the zone of contact between the acid and the urine. It diffuses rapidly and can be dissipated on the cautious application of heat. Do not confuse this zone with albumin. It always lies above the junction of the urine and the nitric acid, and above the zone of coloring matter.—*The Modern Hospital.*

STANDARD Floor Dressing

insures hospitals against the dust evil. It is sanitary because it holds down the dust on the floor and kills the germs which the dust contains. Standard Floor Dressing preserves the floors; it penetrates and fills the pores of the wood and keeps out dust and dirt. It is economical; one gallon will cover from 500 to 700 square feet of floor. Standard Floor Dressing greatly improves the appearance of the floor and prevents it from warping and cracking. For prices and any further information, address our nearest office.

THE IMPERIAL OIL COMPANY
Limited

BRANCHES IN ALL CITIES

Made in Canada

THE NURSES' LIBRARY

Flies and Diarrheal Disease. Publication No. 91, New York Association for Improving the Condition of the Poor. The Bureau of Public Health and Hygiene, of the New York Association for Improving the Condition of the Poor has issued a special publication entitled, "Flies and Diarrheal Disease," descriptive of its three months' study in the homes of over a thousand infants in New York City on the relation of flies and diarrheal disease. Special attention has been given such influencing factors as dirt and artificial feeding, and their relative importance determined. A full description of the study, with its important conclusions, may be obtained by request from Philip S. Platt, Superintendent of the Bureau, 105 East 22nd St, New York, N.Y.

The Care of the Baby. A manual for mothers and nurses, containing practical directions for the management of infancy and childhood in health and in disease. By J. P. Crozer Griffith, M.D., Professor of Pediatrics in the University of Pennsylvania, Physician to the Children's Hospital; Consulting Physician to St. Christopher's Hospital for Children; Member of the American Pediatric Society and of the Association of American Physicians; Corresponding Member of the Societe de Pediatrie of Paris. Sixth edition, thoroughly revised. 12 mo. of 463 pages, illustrated. Philadelphia and London: W. B. Saunders Company, 1915. Cloth, $1.50 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

Mothers are here furnished with expert information as to the care of baby in health and in disease—how to keep him well, how to clothe, feed, and train him, and what to do in case of illness. The appendices give valuable information regarding feeding, and several formulae and recipes. Nurses should make the acquaintance of this book and bring it to the attention of prospective mothers.

Primary Studies for Nurses. A textbook for first year pupil nurses, containing courses of study in anatomy, physiology, hygiene, bacteriology, therapeutics and materia medica, dietetics, and invalid cooking. By Charlotte A. Aikens, formerly Superintendent of Columbia Hospital, Pittsburg, and of the Iowa Methodist Hospital, Des Moines; late Director of Sibley Memorial Hospital, Washington, D.C.; Member of the American Hospital Association; author of "Hospital Housekeeping," "Hospital Training School Methods and the Head Nurse," "Clinical Studies for Nurses"; editor of "Hospital Management." Third edition, thoroughly revised. 12 mo. of 471 pages, illustrated. W. B. Saunders Company, Philadelphia & London, 1915. Cloth, $1.75 net. Canadian agents, The J. F. Hartz Co., Ltd., Toronto.

This practical textbook is already well known to nurse teachers. Some of the new features of this edition are "Notes on Surgical Dis-

A Message To Every Canadian Nurse

When you read of "Cereal Infant Foods", Malted Foods, and Infant Foods requiring the *addition* of milk, you realize the contrast between these goods and

Glaxo

*The Food That "**Builds Bonnie Babies**"*

Being in itself pure milk (with sufficient added cream and lactose to bring it up to the ideal standard of babies' *natural* sustenance) Glaxo is in a class by itself.

Glaxo is made in New Zealand, the finest dairy country in the world, and is prepared for use in a moment by the addition of hot water. It *cannot be wrongly used by your patient.* There is satisfaction for you in this.

Glaxo is also a splendid restorative in convalescence after operations, and for use wherever the digestive organs are weak.

A sample will be sent to any nurse mentioning this paper.

Glaxo

CANADIAN OFFICE

418 Dominion Bank Bldg., Toronto

eases'' and the table showing the ''Physiologic Effect of Food and Alcohol.'' The section on dietetics is particularly good, and would be helpful to nurses who have not had the advantage of a good course in this branch.

Diet in Convalescence. By H. M. Edmonds, Sister, Guy's Hospital, London. The Scientific Press, Ltd., 28 and 29 Southampton St., Strand, London, W.C, England. Price one shilling net. This little booklet contains a number of recipes which should be helpful in feeding the convalescent.

Materia Medica and Therapeutics. A textbook for nurses. By Linette A. Parker, B.Sc. (Columbia Univ.), R.N., Bachelor's Diploma in Education, Teachers' College; Instructor in Nursing and Health, Teachers' College, Columbia University, New York. 12 mo, 311 pages. Illustrated with twenty-nine engravings and three plates. Cloth, $1.75 net. Lea and Febiger, Philadelphia and New York, 1915.

The author has carefully and with much discrimination weighed the knowledge of materia medica and therapeutics requisite to the highest efficiency in the nurse, and has planned her work to embody precisely this material. Her aim has been to give the nurse that grasp of the subject which will enable her to handle and administer drugs with intelligence. Essential facts only are presented. Recognizing the nurses' viewpoint, the author places emphasis not on the fact that a certain drug is prescribed in a certain condition, but on what action the drug ordered may be expected to have, what untoward effects may be looked for, and the emergency procedure pending the physician's arrival in case of an overdose.

In the preliminary sections tables, technic and the necessary definitions are clearly stated and explained. The consideration of drugs is logically arranged by systems—nervous, muscular, circulatory, etc.—with an additional section devoted to specifics and drugs which affect nutrition.

Courses in Public Health Nursing

The Boston Instructive District Nursing Association offers two courses in preparation for public health nursing.

The Eight Months' Course is offered by the Association in connection with Simmons College (Harvard University) and the School for Social Workers. The work at Simmons College includes courses in sanitary science and public health, preventive medicine, social legislation, and household economics. At the School for Social Workers lectures and conferences throughout the year on the principles and methods of social service, with related practical work. Practical nursing experience arranged by the Instructive District Nursing Association. Tuition fee, $80.00.

The Four Months' Course, under the direct management of this Association, is designed to give a basis for the varieties of social work where nurses are in demand. Instruction is given in the procedures of district and visiting nursing in all its branches, and experience provided in the principles and methods of organized relief. Field work, lectures and class discussion.

For further information apply to

MISS A. M. CARR

561 Massachusetts Ave., Boston, Mass.

New York Polyclinic Post-Graduate School for Nurses

¶ Offers nine months course in the following branches: Surgery, including emergency work; Operating Room Technic; Sterilization; Gynecology; Pediatrics; Eye, Ear, Nose, Throat; Orthopedics; Cystoscopy.

¶ Classes by resident instructor, supplemented by bedside instruction. Lectures by Attending Staff. Special Course in Dietetics. Diploma awarded on satisfactory completion of course. Registry maintained for graduates and frequent opportunities given to obtain institutional positions. Remuneration: board, lodging, laundry, and $12 monthly.

¶ A special course of four months duration is offered to those specially qualified. Remuneration: board, lodging, laundry and $6 monthly.

E. LETA CARD, R.N.
Superintendent of Nurses
341-351 West 50th St., New York

Obstetric Nursing

The Chicago Lying-in Hospital offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training, and a six-months' post-graduate course to nurses who are graduates of training schools connected with hospitals for the insane and sanitariums giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of training schools associated with general hospitals and a six-months' course to pupils of training schools associated with hospitals for the insane or sanitariums.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

Address

Chicago Lying-in Hospital and Dispensary

5038 Vincennes Ave Chicago

THE CANADIAN NURSE EDITORIAL BOARD

Newfoundland

Miss Southcott, Supt. Training School for Nurses, Gen. Hosp., St. John's.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

Cape Breton

Mrs. Lornay, Brooklands, Sydney, N.S.

Nova Scotia

Miss Pemberton, Supt. Restholm Hospital, Halifax.

Miss Kirke, Supt. Victoria General Hospital, Halifax.

New Brunswick

Mrs. Richards, Supt. Victoria Public Hospital, Fredericton.

Miss Hegan, 75 Pitt St., St. John.

Quebec

Miss H. A. Des Brisay, 16 The Poinciana, 56 Sherbrooke St. W., Montreal.

Miss Colquhoun, 301 Mackay St., Montreal.

Miss Emily Freeland, 285 Mountain St., Montreal.

Miss Hersey, Supt. Royal Victoria Hospital, Montreal.

Miss L. E. Young, Asst. Supt. Montreal General Hospital, Montreal.

Miss M. Vernon Young, 56 Sherbrooke St. West, Montreal.

Miss Grace E. Nourse, 5 Elizabeth St., Sherbrooke.

Ontario

Miss Morton, Supt. Gen. and Marine Hospital, Collingwood.

Miss MacWilliams, Supt. General Hospital, Oshawa.

Miss Robinson, Toronto General Hospital.

Miss Janet E. Anderson, 35 Norwich St., Guelph.

Miss Bessie Street, 137 Catherine St. N., Hamilton.

Miss Annie Baillie, 237 Queen St., Kingston.

Miss M. A. MacKenzie, Chief Supt. V.O.N., Somerset St., Ottawa.

Miss M. A. Ferguson, 476 Bonacord St., Peterboro.

Miss L. Regan, St. Joseph's Hospital, Port Arthur.

Miss Jewison, 71 First Ave., Toronto.

Miss Ewing, 295 Sherbourne St., Toronto.

Miss S. B. Jackson, 86 Prince Arthur Ave., Toronto.

Miss M. Russell, 24 Patterson Ave., Ottawa.

Miss McNeill, 82 Gloucester St., Toronto.

Miss J. I. Gunn, Toronto General Hospital.

Miss E. F. Neelin, General Hospital, Kincardine.

Miss A. M. Connor, 853 Bathurst Street, Toronto.

Miss Mary F. Thomson, 2 Lyman Street, St. Catharines.

Miss J. Ferguson, 596 Sherbourne Street, Toronto.

Miss Lennox, 32 Bernard Avenue, Toronto.

Miss G. A. Hodgson, 26 Foxbar Rd., Toronto.

Mrs. W. Cummins, 95 High St., London.

Miss G. A. Gowans, 5 Dupont St., Toronto.

Miss Butchart, Toronto.

Miss E. Master, 27 Ellen St. E., Berlin.

Manitoba

Miss Birtles, Supt. General Hospital, Brandon.

Miss Wilson, Supt. of Nurses, General Hospital, Winnipeg.

Miss M. I. Burns, General Hospital, Winnipeg.

Saskatchewan

Miss Jean E. Browne, Alexandra School, Hamilton St., Regina.

Alberta

Miss M. M. Lamb, 562 Kirkness St., Edmonton.

Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

British Columbia

Miss Judge, 811 Thurlow St., Vancouver.

Miss M. H. Clarke, 1080 St. Charles St., Victoria.

Miss Rene Norcross, 1274 Mitchell St., Victoria.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

BOARD OF DIRECTORS

Mis J. I. Gunn, Toronto, President.

Miss M. E. Christie, 89 Classic Ave., Toronto, Secretary-Treasurer.

Miss Lennox, Toronto.

Miss J. G. McNeill, Toronto.

Miss A. I. Robinson, Toronto.

Editor

Miss Bella Crosby, 295 Sherbourne Street, Toronto.

School of Medical Gymnastics and Massage

61 East 86th St., New York, N.Y.

POST-GRADUATE COURSE

A. Practical: Swedish Movements, Orthopedic Gymnastics, Baking, Manual and Vibratory Massage.

B. Theoretical: Lectures on Anatomy, Physiology, essential parts of Pathology, etc.

All communications should be directed to

Gudrun Friis-Holm, M.D.

Instructor in Massage at the following Hospitals:
Roosevelt, St. Luke, New York, New York Post-Graduate, Bellevue, and others.

GRAND PRIZE
Panama-Pacific Exposition
San Francisco, 1915

GRAND PRIZE
Panama-California Exposition
San Diego, 1915

REGISTERED TRADE-MARK

Baker's Cocoa

is as delicious in flavor as it is high in quality and absolute in purity.

All of our goods sold in Canada are made in Canada

Booklet of Choicest recipes sent free on request

Walter Baker & Co., Limited

Established 1780

Montreal, Can. **Dorchester, Mass.**

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$20.00 a month will be paid together with board, lodging and laundry. Application to be made to Miss E. F. Rivington, Superintendent, 149 East 67th St., New York City.

Tell your friends in the profession about this paper. Every subscription received makes it more useful in every way.

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone Columbus 7780-7781.

Vacancies for Private Nurses and Hospital appointments. Apply Nova Scotia Graduate Nurses' Association, Halifax, N.S.

OPERATING ROOM NURSE WANTED

Wanted: A graduate nurse to take charge of the operating room. Must have had experience in and be thoroughly familiar with the technique and the general management of that department. To avoid unnecessary correspondence, address with full particulars, giving age, experience, references, etc., Arthur B. Ancker, M.D., Supt. City and County Hospital, St. Paul, Minnesota.

POSITION WANTED

Hospital position wanted by graduate obstetrical nurse (2 years trained) for October. Near Montreal preferred. Address: c.o. B. A., 24 Fort Street, Montreal, Que.

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Willard J. Hill; Secretary, Miss E. Gilroy, 674 Arlington St., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 135 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss Merle McCormack; Secretary, Miss Annie E. Moyer.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 137 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 118 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Miss E. P. Hegan,; Cor. Secretary, Miss A. A. Burns.

The Woodstock General Hospital Alumnae Association.—President Mrs. V. L. Francis; Corresponding-Secretary, Miss Kathleen Markey, Wellington S. N., Woodstock, Ont.

WHY

bother with having uniforms made to order? Why go to the unnecessary trouble and annoyance? Why pay exorbitant prices and get unsatisfactory results?

Dix-Make UNIFORMS

can be had *ready-to-wear* at a moment's notice, at good stores in nearly every city in the United St tes and Canada.

DIX-MADE U iforms have a national reputation as quality garments, strictly tailored of the best grade ma'erials, well proportioned; good fitting and smart in appearance. Adopted by many hospitals and thousands of well-dressed nurses.

Officially selected by the American Red Cross

Write for Blue Book of styles, prices and full information.

HENRY A. DIX & SONS COMPANY
Dept. B. Dix Building, New York

662
$4.00

Na-Dru-Co Royal Rose Talcum Powder

makes life pleasanter for everyone who uses it. For the evening toilette—after the bath—for the baby—it is refreshing, comforting and good for the skin.

25c a tin at your Druggist's.

National Drug and Chemical Co. of Canada, Limited, Montreal 24C

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss A. MacDougal; Vice-President, Miss McVicar; Secretary-Treasurer, Miss L. Whiting.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 78 St. Alban St.; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss Margaret Cameron, 69 Breadalbane Street.

Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Fall Class—Second Section opens Nov. 17, 1915

Winter Class opens January 19, 1916

Duration of term four months

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.

MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.

It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY

Buffalo, N.Y.

MALTINE

With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY

88 Wellington St. West, TORONTO

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss O. Campbell.

Treasurer, Miss I. Anderson, The Ainger Apts., corner Bloor and Sherbourne Streets.

Recording Secretary, Miss M. McNeil, Hospital for Sick Children.

Corresponding Secretary, Miss Keefer, 321 College St.

Conveners of Committees—General Business, Miss Jamieson; Sick Visiting, Miss Winters, 127 Walmer Road.

Press Representative and "The Canadian Nurse" Representative, Miss W. M. Armstrong. Representatives on Central Registry Committee, Misses Fraser and Barnhart.

Regular Meeting, Second Thursday, 3.30 p.m.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. Geo. Valentine, 55 Lakeview Ave; Treasurer, Mrs. MacLean, 702 Shaw St

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooney.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Segsworth; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss L. Smith; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss K. Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Luney, Riverdale Hospital; Treasurer, Miss Kirk, 336 Crawford St.

Executive Committee—Misses K. Scott, Murphy, and Mrs. Lane.

Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.

Representatives on Central Registry Committee—Misses Piggott and Rork.

Representative "The Canadian Nurse"—Miss J. G. McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA.

President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss H. Sykes, 753 Wolseley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolseley Ave.; Treasurer, Miss J. Tracy, 244 Arlington Street.

Conveners of Committees: Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolseley Ave.

Regular Monthly Meeting—Second Thursday at 3 p.m.

K&O
K & O DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES
GLYCO-THYMOLINE
IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY
Nasal, Throat, Stomach, Intestinal
Rectal and Utero-Vaginal Catarrh
KRESS & OWEN COMPANY - 361-363 Pearl St., New York

BIRTHS

At Montreal Maternity Hospital, in July, to Dr. and Mrs. Sahler, a daughter. Mrs. Sahler (Muriel Smith) is a graduate of Montreal General Hospital, class '12.

On September 1, 1915, to Mr. and Mrs. Fred Watts, a son. Mrs. Watts (Jean Wood) is a graduate of Collingwood G. & M. Hospital, class '14.

At the Private Pavilion, Toronto General Hospital, on August 19, 1915, to Mr. and Mrs. Stanley Adams, a daughter. Mrs. Adams (Ethel Freeland) is a Graduate of the Hospital for Sick Children, Toronto. Class '11.

MARRIAGES

On August 18, 1915, Miss Mary F. Thomson, of Blanshard, Ont., graduate of G. & M. Hospital, St. Catharines, Ont., class '13, to Rev. Jos. Lindsay, of Vevay, Indiana, U. S. A.

At Whitehorse, Y.T., on September 1, 1915, Miss Clara Evans, Superintendent of General Hospital, Whitehorse, Graduate of Toronto General Hospital, Class '01, to Mr. George Leslie Webster.

At St. Anne's Church, Toronto, on August 11, 1915, Miss Viola Wallace, Graduate of the Hospital for Sick Children, Toronto, to Mr. Joseph L. Garvin, of Barrie, Ont., School Inspector of Simcoe County.

At Mombasa, British East Africa, on July 26, 1915, Miss Louie Bryce, Graduate of the Hospital for Sick Children, Toronto, Class '12, to Dr. Alex. McRae, Edinburgh, Scotland.

PUBLISHERS' DEPARTMENT.

THE VALUE OF GLYCO-THYMOLINE IN TREATING INTESTINAL DISTURBANCES

The condition of the alimentary canal in all diseases of that tract is one of either congestion or depletion of the villi.

Auto-infection follows a condition of depletion, and while this condiion is not the direct cause of the "self-poisoning," the restoration to normal conditions would undoubtedly prevent septic absorption.

The condition in diarrhoeal diseases is one of stasis with a great amount of exudation of serum, the villi being greatly distended.

In either case a return to normal conditions is most readily effected by an agent producing an exosmotic action—in the one case to deplete and in the other to promote the exudation necessary to wash out the intestines and prevent auto-infection.

That Glyco-Thymoline will do this effectively has been demonstrated time and time again—and many clinical reports from many physicians testify to its great power as a curative agent in all such cases.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, NOVEMBER, 1915. No. 11

ACUTE POLIOMYELITIS, OR INFANTILE SPINAL PARALYSIS

By Dr. McCuen

It is an acute disease essentially of children, though occasionally occurring among adults, characterized by sudden complete loss of power in one or more limbs, followed by wasting of the paralyzed muscles and interference with growth of parts. There is no sensory disturbance. Sometimes the disease is epidemic, though sporadic cases are common.

Etiology: Season has a direct relation to occurrence of disease, as it is most severe in hot weather, as in June, July, August or September. It occurs equally in both sexes, and is not in the least hereditary. The majority of cases occur during second and third years; after six more rare.

It is directly due to specific germs, though this has been proven recently in the laboratories and hospitals of Boston. The germ is amoebic in character and in some respects resembles the germ of sleeping sickness.

In New York in 1907 there were 2,000 cases, with a death rate of 6 to 10 per cent. of cases. Death is rare in sporadic cases. Death is usually due to respiratory paralysis and occurs from fourth to sixth day of attack.

It is contagious, as has been seen in tenements, children moving into tenements where the disease has been and afterwards contracting it.

The virus is eliminated by the naso-pharyngeal mucosa, and it is known that acute infectious diseases have occurred at onset of disease. Exposure to cold or sudden check of perspiration has been known to precipitate an attack, but infection is at the root of the disease, causing a vascular disturbance, particularly noticed in the vessels in the anterior portions of the spinal cord, though other portions may be affected.

Morbid Anatomy and Pathology: The meninges are congested and hemorrhages into them are a common occurrence. In cases that prove fatal rapidly, meningitis is generally present. Atrophy of the unnourished portions of the cord takes place, due to the congestion of

vessels, and finally thrombosis, and the motor neurons degenerate. A germ such as already described is at the basis of the pathology.

Symptoms: Usually the onset is a fever, rising to 102-103 deg. F. and convulsions in infants. Sometimes there is considerable malaise and dull aching pain in the back and neck, and in the limbs that will finally be affected. Chills followed by sweating is a common thing. Sometimes the onset is severe and the patient becomes delirious from the first, the control of the sphincters is lost, the back is retracted and the muscles rigid. However, in sporadic cases these latter symptoms are rarely seen. Prodromal symptoms continue for about eight days, then temperature falls to normal, having had slight morning remissions and evening rise.

Paralysis sets in usually about the second day. If the child is very young or in bed it may not be noticed for some days. Both legs or both arms or only one leg may be involved. In older people the paralysis sets in in about twenty-four hours. Rigidity of spine and neck is common and may suggest meningitis. Children during the onset will cry and, if old enough, will complain of pain in the back and limbs. There is no tendency to bed sores or trophic changes of the skin, nor complaint of numbness, nor any loss of sensation. But the limbs, especially the joints, are tender on moving. The paralysis is more widespread after onset than later, as the permanent paralysis is usually found in one limb, and sometimes the neck muscles are weak and swallowing difficult, especially in paralysis of arms. The paralysis begins to subside in from one to eight weeks, the time varies, and then steadily subsides, but only after three months can one determine the muscles that will eventually be paralyzed or recover.

The muscles paralyzed undergo atrophy, and this is sure to be more rapid or complete in those permanently paralyzed. The paralyzed muscles are relaxed, never rigid, and there is a lack of response both in the muscles and their nerve supply to faradic stimulus. But there is a greater response in these muscles to galvanic stimulus, but later it diminishes and soon is altogether lost.

Circulation is impaired in the affected limb, which is cold, blue and flabby, but not edematous. In some cases the bone is hampered in its growth, causing a shortness in limb later. This is found to occur in fully 75 per cent. of cases, but in 25 per cent. of cases there is no febrile onset. The child, quite well, is suddenly smitten and paralyzed in one or more limbs, and it gives no sign of pain or being ill. In these cases atrophy and vaso-motor disturbances soon follow, and there is no tenderness or pain on motion. There may be a different pathological basis in these two types of cases.

The leg is the limb usually paralyzed, and a thigh and leg type is described, and according to the muscles paralyzed the deformities

appear. In some cases nearly all the muscles of an extremity may be affected, and then atrophy is general throughout the limb.

The progress of the disease may be divided into stages. First an acute onset, then a stage of maximum intensity, lasting from one to six weeks, followed by a stage of gradual improvement, which may extend from six months to a year; then a permanent chronic condition.

There is no reason to fear a fatal termination once the acute onset is past.

Treatment: Keep the child quiet in bed and apply mild counter-irritation along the spine, such as mustard paste, removed as soon as skin becomes reddened, then re-applied; or dry cupping along the spine. Frequent bathing with alcohol and cold water, if temperature goes above 101 degs. F. Do not use antipyretics, especially coal tar products.

Urotropine may be given by mouth, one grain every six hours (g/6 h) for first ten days to a three-year-old child. This drug results in the appearance of formaldehyde in the cerebro-spinal fluid. Free purgation, castor oil perhaps best, as the infection may have its origin in the intestines, or perhaps the toxin is produced; then bromide or bromide and codeia for convulsions.

Rest in the prone position is better than on the back.

Naso-pharyngeal secretions should be disinfected and destroyed. After the acute stage has passed nourish the child well and keep limbs warm. Iodide of potassium may be administered. When paralysis begins to subside give strychnine in full doses three times daily, and it is best to intermit. The degree of effect of drug is indicated by the muscle jerk or response. Keep the paralyzed limb well nourished and preserve function of it by skillful massage, hydrotherapy, and electricity. Massage twice daily, and combine with such attempts at actual movements as the child is able to make. Use any mechanical device attainable to get the child to use the limb. Warm baths, or if the child is small let him play in bathtub, with brisk rubbing afterwards.

Electricity has no influence whatever upon the course of the disease. It does not affect the lesion in the spinal cord in any way, and its application to the spine is altogether useless, but application to the muscles may be of great service in two ways. It first causes their contraction, thus exercising them when voluntary exercise is impossible. Secondly, by promoting chemical changes in the muscles, which is essential to their growth and nutrition.

Interrupted current should be used with a finger key and each muscle treated for about three minutes daily, fifty to sixty interruptions per minute being made with finger. When interruption in current does not produce a prompt effect, alternation may do so. And it

must be remembered that the application of electricity is more painful in these cases than in health.

Deformities occur from strong contracture of a healthy muscle against its paralyzed opponent, and in such cases tenotomy is indicated. This may only be preliminary to the proper application of apparatus by means of which the paralyzed muscles are reinforced. Portions of tendons of healthy muscles may be attached to the paralyzed ones about the ankle, knee, or any point in order to make healthy muscles do work of the paralyzed ones. Grafting a normal nerve into the affected one has been tried, to innervate the paralyzed muscle, and a good result is reported at present.

CLASS INSPECTION BY THE SCHOOL NURSE

By Miss R. Jeffers, Vancouver, B.C.

School nursing is fast becoming of recognized importance in Canada, and from a small beginning has rapidly gained in scope, each year opening up new avenues of work. In Vancouver the work comprises sanitary inspection of school buildings, class inspection, school clinic, dental clinic, home visiting, relief work, and teaching of home nursing to the senior classes, which was commenced this year.

One of the most interesting phases of school nursing is that of class inspection. The immediate object of this branch of the work is to educate the child in personal cleanliness and hygiene, but in many cases it is more far-reaching in its effect, and has an educational value to the parent through the channel of the child. The child is no sooner launched on his school career than he learns that the family toothbrush is an abomination, or that in the absence of the family brush, that it isn't exactly hygienic etiquette for the family to use the boarder's brush in his absence.

Every child is asked to get a toothbrush, and in cases where this is impossible through poverty a brush and tube of paste has been provided. They are instructed in the proper use of the brush, and a record of the number of children who cleaned their teeth before coming to school in the morning is kept on the blackboard daily. This competitive plan is a stimulus to the child and is most valuable in fixing the care of the teeth as a regular habit.

The parent also learns through the child that keeping the nasal passages clear will help to prevent formation of adenoids and catarrhal disturbances. Hence a handkerchief becomes a part of the daily apparel, and if it happens to be a nice clean one you will usually find it pinned, unfurled, to the front of the pinafore. Nose drill has become a part of the regular routine work of the primary classes.

Also, the young scholar soon learns that anything less than a

weekly bath and change of clothing is not tolerated in good society, and that twice a week or oftener gives him decided caste. Thus, they are always proud to announce to the nurse on her visit whenever they have overstepped the margin of mere decency.

Then we have the fresh air talks, proper ways of ventilating sleeping rooms, etc., all of which permeates into the home in the majority of cases, as the child is always eager to relate at home anything new that he has gleaned through the day.

The routine class work of the school nurse in Vancouver is, briefly, as follows: After taking the ventilation and sanitary condition of the room the nurse makes the usual inquiries about the teeth and number of handkerchiefs, and in the primary classes, which we consider the most important stage for the grounding of habits, brief health talks follow. In the senior classes the talks are more of a personal nature, and occur as each case demands.

The boys and girls are taken separately into the adjoining cloakroom, when such is available. They are asked to roll the sleeves to the elbows and unfasten the collars. Then they pass in succession before the nurse, each one showing the arms, chest, throat and hair. A glance is sufficient to note the presence of dirt, skin eruptions, sore throat, pediculosis, discharging ears, poor clothing, deformities, etc. This is the golden opportunity for individual work. It may be an admonishing word to Mary Smith on the habit of biting her fingernails, or perhaps lack of care of the nails. Tom Jones is wearing tattered shoes and garments. A few questions on the side reveals the fact that his father has been out of work for some time, with a large family to support. Here is the clue most often to our relief work. Next comes apathetic Christine. A glance is sufficient to satisfy you that Christine has just recently hailed from the land of the thistle, and her lethargy is caused by an excess of clothing. It is no exaggeration to say that in many cases of Scotch children I have counted seven layers of clothing, five of them of the heaviest wool, and there the child swelters in a room of 68 deg. Down the line is a pale-faced tired-looking lad, who begins to yawn before he has well begun the day. We find that he sleeps in a room with five others, and all windows closed to avoid draughts.

All cases requiring attention are noted. Cases of blepharitis, infected wounds, impetigo, etc., are sent to the medical room at once for treatment by the nurse. Other cases, such as pediculosis, ringworm, skin eruptions, etc., require a note to the parents, and in some cases exclusion from school. Others require a visit to the home after school hours.

In order to get the best results in class work, we need the sympathy and co-operation of the teacher, as each class is only inspected

once a month. The children are bound to lapse into carelessness unless cleanliness is insisted upon daily. Unfortunately, there are always a few whom we seem to fail to reach, but when we see the homes of filth from which they spring we realize what a handicap is placed upon the child, and can only hope that some day, possibly in some other surroundings, the teachings of their youth may not all have been in vain.

THE POSSIBLE AMALGAMATION OF VISITING, HOURLY AND HOUSEHOLD NURSING

By Mrs. John H. Lowman

I thank you very much for the opportunity which you are giving me to express the view of an associate member of the National Organization for Public Health Nursing of the need for a more general distribution of the benefits of skilled nursing care for the sick in their homes, and I am glad that this organization makes it easy for laymen and nurses to take counsel with one another at these annual conferences, since their experience in the practical domain of public health work must inevitably be shared in common. They need one another in consultation, as well as in practice, and ought to strive seriously together toward a better understanding of the whole problem of public health nursing in its relation to the home care and education of persons in all walks and classes of life, without distinction or difference. It is a very significant fact that visiting nurse organizations in this country employ hospital graduates, rather than women of uncertain standing and unvouched-for acquirements. Even twenty-five years ago the early associations were impeccable on this point, and the tradition has remained intact. A group of persons which makes itself responsible for the welfare of the sick and for the wise expenditure of funds held in trust will, of course, use every means in its power to select its agents wisely. Then again, such a group does not feel the pinch of the private purse or the hurry and anxiety of personal affairs, it is in a measure detached from the very things that confuse and distort the judgment. Moreover, such a group of people always employs a woman of high professional training to assume charge of technical nursing matters, and therefore acts with a corporate wisdom sometimes at variance with the knowledge that its individual members may possess on these same matters. The keynote of its conduct is responsibility, painstakingly carried and accounted for. It therefore seems to me that such groups of responsible citizens are peculiarly qualified to help in the work of extending a well-regulated nursing service to a very much larger number of people than are now being reached by individual nurses; and this conference of nurses and laymen gives the

opportunity needed for a full and free discussion of this subject in all its bearings.

In Mr. Bradley's earnest efforts to organize bureaus for the support of nursing on a moderate fee basis, we have abundant proof that a layman's eye has seen what the accustomed eye has too long overlooked and that is, the need and right of persons of moderate income for more consideration at the hands of society as a whole than they have hitherto received. The question now is, of course, how we can best meet this need and what compromises and combinations must be effected in order to remedy a system of nursing which unconsciously has organized itself to provide home care more especially for the needs of the rich and of the poor, somewhat to the detriment of the intervening classes. It is not surprising that conditions should be as they are, because the very rich and the very poor have always captured the imagination and the interest of the public. Whether they will or no, it is they whose deeds and attitudes appear in flaming headlines in the press and whose extravagant disorders or cruel necessities supply the note of dramatic interest which insures to them the leading parts on the world's stage. What could be more natural than that the great masses of steady toilers should be protected by their own quiet routine industry from the quips and pranks which fortune loves to play upon leaders and stragglers alike? The rear and the van are exposed to dangers and vicissitudes which the solid ranks between are usually more likely to escape. However, there is something not altogether healthy about our attitude toward such facts and events in life as afford us sensational excitement, and it seems to many persons that the time has certainly come to think more earnestly of modern society in relation to its protection of the sober, industrious, average householder.

Of course, lying back of the entire problem, as far as the nurse is concerned, is the necessity of receiving adequate compensation for the skill she has acquired, and this compensation, under the existing state of things, she can receive only through individuals who retain her in their personal service, or through groups of individuals who engage her to nurse other persons and who pay her from funds subscribed at their solicitation, or through still other groups of persons who represent state, city or town governments, and who pay her from the collective treasure of our taxes. Heretofore, neither of these two latter collective systems for furnishing nurses has seemed to be available for the self-respecting family, which pays its way and foregoes all thought of luxury, especially luxury at the expense of other people. Thus the rich, and their dependents, the poor, have involuntarily entered into an arrangement by which the comforts and luxuries of skilled nursing service are provided either as a gift, or at a nominal figure, to people

who are either very poor or in danger of becoming so, while the great bulk of the nation is at the mercy of such unskilled care as, under our faulty system, small purses command. All this Mr. Bradley has very eloquently set forth, as have also Dr. Frankel, Mr. Hoffman and others who have looked at medical and nursing care in their relation to the general public health.

In order to meet the need of people of moderate incomes, are we to increase the quantity of nurses at the expense of the quality of standard; or are we to increase the number of really skilled women, and at the same time train an army of responsible "assistants" to relieve them of such offices as do not require technical skill to perform, thus enabling the graduate nurse to give supervisory care to many homes when she normally would care for one person only? The plan for working out a satisfactory program of this kind must, of course, be left to persons who are cognizant of the many and varied facts involved and the changes which will have to be made to meet the extension of service without sacrificing to it any of the valuable standards which time and disinterested efforts have secured for the graduate nurse.

The requirements of nursing education are very little understood by the public in general, and when there is illness in a family the question of the family budget is necessarily uppermost when it comes to the selection of someone to give nursing care. I have frequently noticed that only the most thoughtful members of the medical profession realize the value of highly-skilled sick-room care in the interim of their visits; so that, between the indifferent or hazy attitude of mind of the physician and the desire on the part of the family not to exceed an expenditure commensurate with its funds, all kinds of young persons in white aprons and hospital caps pass muster as nurses and are frequently left in positions where the gravest responsibility rests upon them.

In former times, when a member of the family, a friend or neighbor cared for the sick, equally grave responsibilities had to be met by inexperienced persons; but under this system several dangers were obviated which now, unfortunately, exist; the attending physician was at least under no illusions concerning the degree of skill possessed by the interim caretaker, and the caretaker herself was not possessed of the degree of knowledge qualified by sages as a dangerous thing. Her services were given voluntarily, from a feeling of friendship and an earnest desire to help the sufferer, and this ensured the performance of the duty to the best of her ability, however small or great that might be; whereas in the case of a partially trained woman who is earning her living by such work, there is no similar guarantee of honesty and painstaking effort. Moreover, since the public remains so unaware of the basic facts concerning the education of nurses and the importance

of a recognized and accepted standard for such work, the average person will often find himself paying three-quarters as much, or even as much, for an untrained nurse as for one who has complied with the requirements of a thorough nursing training. When it is a question of gold or silver we demand the number of carats or the mark of sterling. We insist upon knowing the degree of alloy before we make our payment. Such precautions, if valuable in the estimation of material products, ought to be doubly necessary in the protection of human relationships, especially such relationships as are entered into on the so-called business basis. Nothing, however, could be much more unbusiness-like than the proceedings which often mark the selection of the quality and price of bedside care for the sick.

I am reminded, as I write, of one of the Binet tests addressed to school children. "What is a mother," is the question which I have in mind, and the answer is supposed to reveal enlightenment or confusion in the mental processes of the child addressed. I think that the question, "What is a nurse?", if asked of the average adult, would perhaps explain many of the difficulties which stand in the way of establishing a recognized standard of skilled and responsible nursing care.

However, this is a digression from the point at issue, though one which it is only too natural to make, considering how intimately the questions of the degree of training and compensation for service are bound up in the plan of placing good home care for the sick within the reach of a very much larger number of people than have heretofore enjoyed it. Curiously enough, we have all come to consider hospital care in sickness as something which none need feel ashamed to avail himself of, each according to his need and purse. Hospitals receive subscriptions, they are managed by boards of trustees, they are called philanthropic institutions, they appeal constantly for funds and are constantly before the public in the most conspicuous of roles, yet the independent classes are eager to enjoy their benefits. All kinds of provisions are made within hospital walls for all kinds of people. The dependent classes are cared for outright at the expense of kind-hearted contributors to the hospital's fund, and are cared for in the open wards, though, for that matter, persons who have a small competence and who can and do pay a nominal sum for their own care lie side by side with those who can contribute nothing. Persons who can pay a moderate sum have a bed in a room which perhaps contains four, six, or even ten beds; while persons who can pay somewhat more have single rooms to themselves, modest, it is true, but essentially private. Next come the quarters reserved for larger purses, and these vary in kind and degree till we come to fairly luxurious suites of rooms with baths and other accustomed luxuries. According to the amount of money paid, the patient has the attendance common to the hospital,

or special attendance; and the rich feel that by paying for their own care they are helping to support the patients in the open ward.

One point stands out clearly, however, and that is that skilled care and attention are given to every patient alike, and that adequate, responsible supervision preserves and maintains a standard of excellence. The undergraduate nurses who, in the hospital, must also care for the sick in order to learn to be well-trained nurses, are under the immediate supervision of their superiors in skill, and are, in truth, privates in well-officered ranks. We have grown accustomed to the idea of the hospital. It is firmly entrenched in our system and its right to serve the interests of the rich, less rich, poor and dependent classes of society alike is not disputed, nor does any stigma attach itself to anyone who puts himself under such care. However, in the very nature of things it is not possible to provide hospital beds for all sick people, nor would it be possible for all sick people to use them should they be so provided. Indeed, complete hospital provision for sickness would be a very costly matter for society to provide or maintain. Even the poor can, if cared for at home, contribute something toward their own maintenance or, if not, their family members, relatives, or affiliated organizations provide a part of the expense. The roof to cover the man, his food, his light, heat, bed, bedding and some bedside care are usually to be furnished in his own environment. The cause for sickness is likewise more easily discovered in the man's own surroundings, and, moreover, he does not so completely lose his touch and hold on life as "he has to live it" if he can get well in his own home. Even though hospital care is the ideal care for disease, it sometimes is not so good for disease plus the man, as the difficult spot to which he is acclimated and whose privations and discomforts, even in illness, preserve in him an immunity to subsequent hardships. I am not decrying in any way the hospitals; we can never have as many of them as we need, no matter what our effort; but since the greater number of people by far will be born and will die under their own or another's private roof, let us be glad that some advantages may be found for this natural system also.

To return to the consideration of the nursing care of the sick in their homes, we feel that the care of families of all incomes and all classes could be worked out in a way to meet a more general need for good service in time of illness. It will be necessary, however, to remember that only the best nursing service is fit for serious or acute illness, no matter what the income or the calling of the persons cared for. Miss Crandall made this point very clear to me when I first became interested in the subject. I have not forgotten the feeling which came to me in reading her words. It was as though light had been made, where only half light was before.

And now, before proceeding further with this paper, I want to tell

you of an experience which I had in Washington at the time of the International Tuberculosis Congress. Quite a number of people were invited together to dinner at a country club in the environs of the city, and among the guests was the wife of a very distinguished European delegate to the congress. She said to me on this occasion: "Why are we asked for dinner at such a distance, when it could have been arranged for at easy walking distance? You make it so difficult in America for people who have not much money to spend. However," she added, "a little group of us have clubbed together and we have engaged an automobile."

Now perhaps this basis is the basis on which individuals of the smaller purses can meet without sacrificing their independence; the clubbing together, or wholesale basis. And this principle, of course, would operate equally in the case of the nurse. She would be able to work for a somewhat smaller salary could she be guaranteed work for the entire year round, with a vacation period and insurance against accident and illness, than if she stood alone as an individual against the changes and chances of life. I can hear some who will cry out against this as a pernicious recommendation, as an endeavor to cheapen the cost of nursing service, but such is in no sense my idea, I would not have this yearly salary less than the best that a good nurse could make. As for long periods of personal nursing service in the houses of rich people, there will always be enough of such cases to keep busy all nurses who wish for such work.

A change, however, is taking place in nursing, and many nurses now desire the interest and freedom and larger life which participation in municipal and other forms of public health nursing affords them. The human side of the question draws them into many by-paths and they find that not only must they nurse the sick, but that they must instruct the well, they must help hunt out causes and must work in many ways toward the upbuilding of health. Whoever glances up at a crowd of persons walking along a city's streets will be impressed by the lack of vigor and healthfulness which one feels should be a more general possession of the race. Indeed, one is often truly shocked by the evident signs of ill-health which are everywhere apparent. If we should see a basketful of turnips or potatoes or radishes as weazened, scrawny, flabby and generally poor as the forms and faces which pour out of the theatres around us on the afternoon of a matinee, we should ask what soil and what gardener could be responsible for such an output. But there is something about the spirit and purpose of man which so transcends his physical incorporation that in his case we are blinded to much that would make us give heed if we were to encounter it in any of the lower orders of life. Nevertheless, the spirit and purpose would give much more light if wick and lamp and oil were

of better quality, and surely a day must come when the thing that stares us in the face will make itself seen—and that is, the altogether senseless prevalence of feeble people in feeble bodies. Among those who are to bear an increasingly large part in the work of health upbuilding are nurses. In order to do this worthily they must enter all classes of society, they must teach, exhort, demonstrate; they must try with line upon line, precept upon precept to inculcate into the minds of as many people as they can reach the principles which will make health a familiar presence among us. And, since the so-called middle classes are the bulwark of every nation, the nurses should go freely to them, teaching and showing the way to healthier, sounder living.

If a young woman in the highest economic level of society has a child, her physician instructs her painstakingly as to its physical care; he also provides her with a highly-trained nurse, who takes really wonderful care of the baby, so that it grows sound and healthy and strong, like a vigorous plant. Sleep, food, air, times for exercise and times for rest are all duly proportioned to the needs of the babe. When the nurse leaves, the mother almost automatically carries on the system, or teaches it to another. Not so with the child whose hours for sleep and food are irregular, who is taken into the crowded company of adults in shops, in cars, to entertainments of various kinds, who eats candy, cake and popped corn just in time to spoil the next meal, whose warm wraps are not removed in overheated vehicles, and who expiates in countless ways, during most of his waking hours, the heedlessness and ignorance of the mother who herself has never been taught the simple rules which govern a human mechanism. Nurses should enter tens of thousands of homes with instruction, advice and care which are now closed to them because no way has yet been devised to reach the hundreds of thousands of persons who need careful, painstaking service of an educational kind.

"Nurse the home," Florence Nightingale said; and this command to nurses reminds me of the definition of the word "classic" which was given me many years ago, "That which is eternally young." Truly, the expression "Nurse the home" is as imperative and as much needed to-day as in Miss Nightingale's time.

As far as I can see, all the various bureaus for nursing which are now trying to make nursing care available to larger groups of people than have hitherto been served are, in one way or another, subsidized; indeed, most of them are quite openly so. The overhead expense seems to be met through membership in the plan, through an employment fee levied on the nurse's salary, and in various other ways. Thus far I cannot see any principle of coherence and settled standard which would protect the plan of household nursing bureaus from such dangers

and pitfalls as communities and individuals might unwittingly lead it into. It seems to me that it ought to be worked out in a way by which a strong, national, conservative body of principles could be established and maintained. The idea of reaching all kinds and conditions of men with a nursing service which shall consist of a vast army of practical, reliable nurses' assistants, officered by highly skilled nurses, is a great ideal, a great army of privates, with a proportionate number of officers and millions of persons reached instead of hundreds of thousands. The scheme, as I say, is a large one, but for that very reason it must radiate from a small body of clearly defined and well acknowledged principles. In the first place we must all as yet admit the subsidy, for subsidy there is in every case; and, indeed, I cannot see why we should be ashamed of the principle involved in subsidy. The richest man's son or daughter cannot escape attending a college which has an endowment and, indeed, can't begin to pay for his or her tuition, no matter what his will to do so. Few of us look askance at public schools, public libraries, police protection, garbage removal, city lighting, or any of the many other forms of protection which our collective taxes or private endowments afford us. Some persons think that city nurses will in time be accepted without question in the households of all taxpayers. This may be so, but the time seems far off when we could supply the demand for a great increase in the nursing staff of our large cities. However, as I said, in all these systems I fail to find that the householder pays the entire expense of his nursing care, since such care does not pay for cost of supervision and overhead charges and, indeed, if the householder's fee paid for all of these he still would be indebted to the organization, for unless a profit of some kind is made the system is essentially philanthropic. To operate without profit is only one degree less philanthropic than to operate with a deficit.

The only really straight business proposition which I have heard of in this line is the hourly nursing service of the New York Nurses' Registry. These nurses, through combination and co-operation, have apparently fixed upon a moderate scale of charges which yields them a profit, while still enabling them to extend the benefits of trained nursing to many persons who heretofore have not been able to secure such service. I cannot see any way to give a wide extension to a general nursing service which shall serve all kinds of people alike, as does a hospital, except in an associational form which shall provide both for continuous and visiting nursing in the home, the word 'visiting' in this sense meaning, of course, visiting in contradistinction to resident. And since, without a miracle like that of the loaves and fishes, hospital graduates cannot take care of more than a small part of the illness in so vast a country, it should be their duty and their privilege to see to it that they have responsible assistants to work not only under their

supervision, but to a certain extent under their jurisdiction. If they offer to these assistants their protection they must also exact, or at least expect from them, loyalty.

For my own part I cannot see why an old and well established Visiting Nurse Association and a strong Graduate Nurses' Association, both operating together in the same city on a joint committee, could not work out a safe and practical system by which nursing service could be immeasurably extended in its scope and an assistant nursing service kept within its legitimate bounds of usefulness. I have in mind two distinct organizations of this character. These associations already have behind them the traditions and force of firmly-established institutions; they embody the highest ideals of the nursing profession, together wih the spirit of self-sacrificing service which has made the visiting nurse a power in the land; and their organization is built upon firm foundations of settled and acknowledged principles. The expenditure of time, energy and money which is always required to build up any new institution has been fully and ungrudgingly paid in the past by them, together with the debt which every new endeavor exacts from inexperience. The way now lies open before them to turn the abundance of their rich experience into new channels of service and helpfulness. Behind these two bodies stand strong, conservative groups of citizens who have grown with the growth of these organizations and are an integral part of them, and who, from long experience, have also learned somewhat of the difficulties as well as the incentives to action which accompany the extension of any work. These groups of laymen and nurses can, I am sure, mutually help, support and stand by one another until a system of nursing which shall include in its scope all classes of society can be evolved along the broad and generous lines now indicated to us at each of the national meetings, by persons who, standing outside of the profession of nursing, have seen the greatness of the land which you, as nurses, can enter into and possess.—*The American Journal of Nursing.*

CORRESPONDENCE

The following letters from the Front which have been kindly forwarded to us will be read with interest:

"I wonder whether the absolutely true story has reached your ears of the Angel Guard at Mons, when our small army was nearly annihilated? 'They were almost helpless when, to their amazement, the Germans stood like dazed men and never so much as touched their guns nor stirred till we (English) had escaped by a cross road; a troop of Angels came between us and the enemy.' Another account: 'While he (the officer) and his company were retreating after Mons

they heard the German cavalry tearing after them. They saw a place where they thought a stand might be made with sure hope of safety; but before they could reach it the German cavalry were upon them. They therefore turned round and faced the enemy, expecting nothing but instant death, when, to their wonder, they saw between them and the enemy a whole troop of Angels. The German horses turned round terrified and regularly stampeded, the men tugging at their bridles while the poor beasts tore away in every direction from our men. This officer swore he saw the Angels which the horses saw plainly enough.' Another: "Thirteen men in a quarry all saw the Angels, and among the mass of the army some saw and some did not. Two colonels said they had seen them, one of whom until then had been an unbeliever. But all saw the salvation of this remnant of an army.' From another source: 'Many prisoners were taken that day who surrendered when there was no call for it. In England it was suggested that these were underfed and did not want to fight. Some of the German prisoners were afterwards asked why they surrendered, "for there were many more of you than of us; we were a mere handful." They looked amazed and replied: "but there were hosts and hosts of you." It was thought that the Angels appeared to them as reinforcements of our ranks.' "

"One of our nurses at Blue Sisters—an Irish girl in the Queen Alexandra, or Expeditionary Staff—took ill, and went to the hospital at Floriana and died there in three days. She had an attack of diarrhoea, but it seems that a while before coming out here she was operated on for ulceration of the stomach, and this attack brought on the old trouble and she rapidly got worse. This nurse was given a military funeral, which of course was a very unusual thing, and I was very glad to have attended it, for one may never see the like again.

The cortege took place from what is called the Maisa Canteen, which, as I understand, is a sort of barracks, where there was a small chapel attached. She was a Roman Catholic, so a Priest officiated. We all drove out to this place, 40 or 50 nurses in all, and met there. In front of the building, lined up, was a company of soldiers—the firing party—and also about 20 R.A.M.C. men. The casket was placed on the gun carriage with the Union Jack over it, and on this were two crosses in flowers. Then the men marched two and two on either side of the gun carriage, the band in front. Next came we nurses, marching four abreast; then the R.A.M.C. men, each carrying a wreath or some floral emblem sent by various hospital nurses or private individuals, and last came members of the staff and the Governor's aide, to represent him. We marched some fifteen or more minutes to the Addelorata Cemetery (R.C.) and as we reached the gates the gun carriage passed through, the band and men remaining in line outside. We nurses fol-

lowed. Then came the firing party and buglers. The casket was removed and taken up to a flat stone foundation, where a slab from it had been removed, and at the head of it stood the Priest. The coffin was placed alongside. We nurses stood opposite, the representatives (staff, etc.) to the left, the buglers in front of us, and the firing party to the right, forming a square, as it were. After the service, chiefly in Latin, the "last call" was given and the volley fired. We remained only a short time after and then drove back to the hotel, for it was late. If I get a cutting from the paper I shall send it. Needless to say, the whole thing was an awful shock to us all, for the nurse, a Miss Walsh, looked a healthy woman.

Patients are coming and going, room being made as quickly as possible for new ones. And with it all we got the news—whether true or not, yet to be proved—that a hospital boat with some of our men on it, which left a few days ago, has been submarined.

One of the men who went over in one, some two or three weeks ago, wrote back to one of the nurses saying he had seen two English boats go down on the Bay of Biscay before his eyes, and they had expected to go too but the submarine disappeared. This, on top of all they have gone through, does seem too awful for words.

I heard a rather interesting thing from one of the men in regard to the submarining of the "Triumph." It seems that as soon as they discovered that she was hit the British had boats cruising all around the region where the submarine might be after hitting the "Triumph," and, besides, an aeroplane went up to see if it could be located. However, nothing could be seen or found, and later the conclusion was come to that the submarine actually hid under a hospital boat which at the time was anchored about two or three miles from the shore until she could safely get away. This man, like many another, from the shore saw the "Triumph" go down, and he said that strong men were moved to tears at the sight. The last gun ranged at the Turkish line was fired when the great ship was actually on her side, for she keeled right over so that the keel came up on top of the water. And so she went down."

Villa Riddett, Cannes.
August 9th, 1915.

"I delayed writing for a few days so as to be able to add my grateful thanks for the beautiful twenty cases of hospital requisites and children's clothing ,and for the long expected drugs which have been at Bordeaux since June 10th, and only to-day (just two months later) have I been able to unpack them. Even with the kind intervention of Monsieur Bella, of Gallia, it has been most difficult to get them through the Customs, as the law for importation of drugs is very strict, and in some cases prohibitive. However, they have come through, and Hospital Gallia has their share, for which they are deeply grateful.

They have very severe cases on just now, and the Head Surgical Nurse, Miss Luden, was rejoiced by the antiseptics, which have been greatly needed, also the ether; the chloroform also will be to many hospitals invaluable. Some use ether chiefly, so the distribution will be done accordingly. The adhesive plasters are a great boon also. To each and all our heartiest thanks.

And now let me thank you more in detail, for the lovely things were all so useful and all so well made, we hardly know where to begin. The dresses, rompers, shirts and other things were on show for some days and admiration was unbounded. To-day Price takes over to Juan les Pius a big parcel for 169 orphans there. To Cap Ferrat and Nice go others, and also to the refugees in other places. The rompers are fascinating things. The hospital requisites are all most useful. I am told of an hospital at Antibes, an improvised one, where the need and destitution are horrible. I will visit them next week and distribute your bounties there also. Particularly appreciated are the bed pads, cotton wool, gauze, bandages, sponges and compresses. Cotton wool lacks much in France now. The sheets from the Church of the Messiah and towels were nothing short of a Godsend. Mrs. Weller has insisted on the Hospital du Parc having 100 of the 120 for the floors of Miss Ramsay and Miss Buckley, also 50 towels. In spite of all gifts and the incessant work of the members of the linen room, the men, except of course the desperate cases, can only have one shirt per week for day and night and one pair of socks and one handkerchief.

It seems too greedy to hope for more gifts from Montreal, but should any be in contemplation, may I mention as most needed, shirts, sheets, socks, pyjamas, and, most of all, men's trousers, of any stuff, new or old; it is sometimes the case that a man has to stay in bed longer than needful for lack of indispensables. As for hospital requisites, those I have mentioned above, also any simple games, and surgeon's rubber gloves. I do not think old linen, though of course useful, worth paying freight on.

And now I must tell you with what pleasure I welcomed on Saturday afternoon Messrs. Cole and Kerry, who arrived that day after a safe voyage. Yesterday they came to my Sunday Canadian tea, and made acquaintance with fellow workers. Mr. Kerry starts to-morrow at the "Parc." Mr. Cole, after a few days' rest to get rid of a cold, will be at the "Gallia," where I introduced him to-day. Mr. Black has gone to England. We shall gladly welcome Mrs. Wheatly, Mrs. Houston and Miss Boardman, now at Yustoi. Also, I think I have found the Canadian nurse for the "Gallia," in the person of Miss Horth, fully qualified medical, surgical and an X-Ray Sister. She has had three months at the S. A. Ambulance, besides very much experience. This will be settled this week.

I wish I could take you and the kind friends out in Canada a walk down the Rue Dantibes to see the sad relics of the war, whom your goodness helps—lads on crutches, some bent almost on fours from bullets near the spine, others with bandaged heads, some all but blind, some maimed from frost bites; and if I could show you as in a glass, a hospital ward in the "Parc" this time five motionless figures in beds—the youngest nineteen, who has a leg and arm gone on the right side, besides other wounds, all silent—with a face like the suffering Christ, in a stained glass window. After weeks of suffering he had another operation yesterday to remove more bone. Near him a man with 42 shrapnel wounds, and so on. Not one moaning or complaining, only when I said to one, 'I hope you are suffering less,' he replied sadly, 'I am suffering a good deal, madam.' Can one do enough for those obscure heroes, whose pay, by the way, is, in the ranks, one-half penny a day.

The flannel shirts I have just laid aside for the present as they are too hot for now. All the cases through the American Relief Agency, in Paris, come with no trouble or charge here, except cartage, so please send anything else that way. The Bordeaux route is hopeless if sent straight here.

At present the dear girls are busy. Miss Campbell has fourteen days holiday at Thorsuc. Mrs. Weller is wonderful, but, I fear, doing too much."

Villa Riddett, Cannes, August 19, 1915.

"Your letter, so full of interest and containing lists of still further gifts en route has come. How absolutely superb is the spirit of generosity and helpfulness you are all showing for us, in Montreal and elsewhere. The gift of men's clothing announced from Messrs. Penman it is impossible to overestimate, for we are in great need of such. Please thank them for me, and when the cases arrive I will write them also.

To show you how great is the need of men's clothes for the convalescents, let me show you two little instances. Pyjamas of the beautiful make and coloring such as kind friends have sent the Association are quite unknown luxuries to most of the men, and, indeed, to some of the attendants. Some time ago Lady Waterlow gave a tea party to some of the convalescents from various hospitals. Garments to attend the function ran short—bitter disappointment, especially to two poor fellows left out—an "Idee luminouse," those beautiful pyjama suits which pass as "complete"—our two heroes appeared radiant at the party, one in blue-striped pyjamas and the other red, topped by straw hats, and enjoyed the fete immensely. The second incident occurred last Sunday, when some swimming matches and sports were gotten up to amuse the men down at the Square Brougham and Baths. Miss Buckley came to my usual Sunday Canadian tea and happened to say

that one of her men could not go for lack of trousers, the "Parc" cupboards being empty. By good luck I had one pair left of a store bought with a money gift in the winter. Kind Miss Buckley ran off with it in time to send her patient to the sports. So, please, my very kind friends, send us trousers, as many as you like, or the cash to buy them here, which, by watching opportunities of sales, we can so often do well. Now, this looks almost greedy, now that I have written it, and yet I have a feeling that the kind friends who send us such far-too-kind messages, will not misunderstand me.

Apropos of the sports I spoke of, Mr. Kerry, who took part to please the men, won every swimming race, being, we find, a champion swimmer. I may tell you that he is of the greatest use at "The Parc," and a great comfort to Miss Buckley, on whose floor he is—quiet, most willing, and learning easily what is required. Of Mr. Cole, I hear he is most deft in the bandaging and attendance, and is working under Mr. Sutherland, who is a very splendid fellow, till he is able to take a separate floor. He is a very nice young man. All the helpers are well and doing perfectly in their different spheres.

We will welcome Mrs. Wheatley warmly, and she will, I think, work with Miss Ramsay at the 'Parc.' Miss Ramsay is just wonderful—the way she takes hold. She is such a lovable dear girl that she wins all hearts. I wish I could see more of all those dear girls, but I have always a tea party on Sunday and a welcome for as many as can get out. Madamoiselle Martin is doing admirably. Dr. Ginner is much pleased.

I expect the cases you announce will come by American Clearing House. This is absolutely simple, and I have but to take delivery at La Bocca Pte. Vitesse, and have them carted here. Once here I put the association to no further expense for cartage in Cannes, as my man Francois wheels the various gifts around, and the further-off Cannes hospitals send for them. You will be interested to know that a case of your bandages and other comforts has gone further afield, namely to Greuix, in the Basses Alpes, a small place for special waters and where a hospital has been established. Madame Jourdain, who is there for treatment, begged me to send them, as they have hardly any help or helpers; also as the Medicin Major heard we had sent to Vallaurie, he begged her to plead for him, especially for the bed pads—please tell this with hearty thanks to Mrs. Learmont and helpers—so I sent a case and am hoping perhaps later to send someone to help for a month for a change from Cannes, as it is quite a different climate. I should much like Mrs. Weller to go as a relief from night work. She is really doing too much of this.

My cable will have told you that I have found a nurse by Miss Costigan's kindness. Miss Horth is a fully qualified trained nurse,

age 36. She had four years in the famous Queen's Hospital at Birmingham, where she took her qualifications for medical and surgical nursing, also as X-Ray nurse and masseuse. She then went to Johannesburg as X-Ray Sister to a specialist, but when the war broke out, felt such a call that she gave up that good appointment and came to England. She case as an X-Ray Sister to the S. A. here and worked there for three months. She gave in her resignation in consequence of a difficulty over her new apparatus, which had not been, she thought, fully tested, and about this a disagreement arose with the Chief. As she preferred to resign, they parted with her with regret; all her testimonials are excellent; she has consented to accept our offer to be the Canadian nurse for Miss Costigan with much pleasure and gratitude, salary £6 per month, the hospital gives room and board. I doubt, however, if she will not find it better for her health to take one meal out, as the fare and service is very rough in the hospital. If so, may I increase the pay for that purpose, as you have no traveling expenses to pay?

Do you remember me telling you of a poor lad who had lost an arm and leg at the "Parc." That poor creature has had erysipelas besides and suffered cruelly. He has been isolated with devoted Miss Kirby in attendance, and is, thanks to her care, pulling through. Did I tell you of the several men at the "Casino" shot in the back and bent nearly double? One looked as if he nearly walked on four legs. A most wonderful operation has been performed to try and straighten him out, and he lies on a table encased in plaster of paris."

The British Journal of Nursing for September 25, 1915, publishes a very interesting letter, which shows what the women of India are doing to help the Empire in this time of stress.

"A friend writes from India: 'It is really wonderful the work the Indian women are going on account of the war. I wish you could come out and see it for yourself. In the meantime you will gather from the report I send of the recent public meeting held in the Town Hall, Bombay, of the Women's Branch of the War and Relief Fund, to what heights of devotion to the Empire they have risen.'

"The hall was packed, and crowds watched the coming of His Excellency Lord Willingdon, who read letters of apology, amongst them one from Her Highness the Begum of Bhopal, who stated that she was extremely disappointed to be unable to attend the anniversary meeting of the Women's Branch of the War Relief Fund, but she felt convinced that the womanhood of India would rise to the occasion and would do all that lay in its power in response to the call of the Empire which was engaged in the most stupendous conflict in the history of the world.

"Lord Willingdon gave a report of the marvelous activities of the Women's Branch, which had contributed tens of thousands of boxes of various sorts to our troops in the various parts of the field of battle; had materially assisted in the equipment not only of the Bombay and Alexandria Hospitals, but also of the Colaba and the Marine Lines Hospitals. They had worked for the ambulance trains which take out troops from time to time from various depots to different parts of the country. Three lakhs of yards of cloth had passed through the branch's depot; and it was calculated that between three and four hundred thousands of garments had been made by the women of Bombay for our soldiers in the field. Generals in the field had required their help, and His Excellency ended his speech by saying: 'I consider that the women have shown a spirit of co-operation unexampled in the history of India—Europeans, Hindus, Mahomedans and Parsis, all combining together in what, I think, I may truly call, a great imperial endeavor. They have shown a magnificent organization, an enthusiastic zeal, and a business capacity which is an example to all of us and which is a credit to the presidency.'

"Mrs. Laurence, the wife of the Commissioner of Southern Division, described the work of the women of Belgaum. Mrs. Laurence said that phoenix-like, from the vast conflagration fired by the German Emperor, there had arisen wonderful sympathy between the women of all classes, of all communities, of all creeds—a sympathy and a co-operation which a year ago one would scarcely have deemed possible. To appreciate the force of the feeling one must realize that the orthodox view was tenaciously held that women should live entirely for their husbands, their homes and their children. But such a view of life did not take into consideration the fact that if our enemies were able to wage war in India, the women, like their unfortunate sisters in Belgium and in Poland, might, alas! have neither husbands nor children to care for!

"Thus the women of India had come forward and helped the women of England most nobly. They had given money; with their own hands they had made the chutnies and other dainties which Belgaum had been sending to the hospitals throughout the fighting zone, and also to the hospital ships. These dainties were called 'Whiffs from the East,' and they had been a great success. Bidis, amsol, tobacco, snuff, pickles, betelnuts, methkut, chutney, cocoanuts (dry), spices, and hair combs, cardamoms, cloves, chunam, and catechu.

"Mrs. Laurence told a tale of how, hearing a great clatter on her verandah, she found her large red Malabar squirrel had evidently caught a 'Whiff from the East.' It had managed to open a wooden box, and to lift up the lid of the tin, and went careering away with half a cocoanut in her mouth. As it had never stolen before it was

evidently the 'Whiff from the East' which had led it into sin—so by this it could be guessed how tempting these dainties were!

"Mrs. Laurence spoke of the care of the sick and wounded in the hospitals, and of the self-sacrifice of the women who helped them. She knew of a little English Bible woman whose salary was very small, who gave the whole of one month's pay to relieve the sick and wounded, and of a little Brahmin woman, who used to sit up night after night till one and two in the morning, knitting socks. But there must be many cases like this, for it seemed to be the fate of Germany to arouse in the womanhood of her enemies the spirit of sacrifice. Indeed, Germany, in the words of R. L. Stevenson, is 'stabbing our spirit broad awake.'

"Mrs. Sarojini Naidu, the well-known Indian writer and poetess, from Hyderabad, in course of a very eloquent speech said that in this great Indian Continent there was not a single Native State that had not contributed its share towards this war. She was proud to say that the womanhood of India had risen to the occasion and had sent its priceless treasures to the war—their fathers, brothers and sons—as champions to fight the cause of justice. They had shed their blood for the Empire—blood more precious than rubies.

"Here in India, Mrs. Naidu had seen Indian princesses, and ladies of noble birth, who had given up all frivolities and had spent night after night in stitching coarse garments for the soldiers on the field until their delicate fingers bled. The Indian womanhood had materially helped the soldiers in the field with their prayers—it was a common sight to see the women of the speaker's village keeping vigil night after night and sending currents and currents of the waves of their prayer for the success of their fathers, brothers and sons fighting the cause of the Empire. These prayers, Mrs. Naidu devotedly hoped, had strengthened the men in the field.

"The practical issue of this great struggle, said Mrs. Naidu, was the unification of the womanhood of the wide world. The prophets and seers of old had seen visions. And Mrs. Naidu saw great blessings in store to the coming human race after this war. It would be the beginning of "a new heaven and a heaven on earth." The old civilization was crumbling to dust—chaos, death and destruction had overtaken it. Every mother's prayer now should be—May my child grow up to help in unifying the great federation, brotherhood and sisterhood of the coming human race. Those who had sown would reap a hundredfold.

"Munificent subscriptions were announced, and a young Mohammedan lady handed to the chairman a large collection made by the Mohammedan purdah ladies present."

Editorial

THE NEED OF ORGANIZATION

Now that the nurses have settled down seriously to the work of another year, they should give some careful, definite thought to the affairs of the profession, those affairs that affect the standing of all nurses and mean the solidarity or otherwise of the profession. But it is not enough that careful, definite thought be given to these affairs, the thought must be crystallized into action.

The great need of the profession to-day is organization, complete organization. It is true we have organization—the machinery, as it were—but the rank and file of the nurses have no personal responsibility regarding it. The few are left to carry on the work that affects the profession as a whole and affects it vitally. This is most unjust to the few. Not only that, it is unjust to the profession, for there are so many things, important things, that it is utterly impossible for the few alone to accomplish.

Registration, for instance, might have been an accomplished fact long ago had complete organization prevailed. The few were powerless to take this great forward step, though they spared neither time nor energy in the attempt to do so. Were the rank and file who held themselves aloof from the struggle entirely blameless?

The profession, as a result of the lack of Registration, suffers incalculably. The war has emphasized this, for, had Registration prevailed, it would have been impossible for any but properly trained nurses to go to the Front. And just here let us ask those Associations that have never thought of their obligation to the National Association if they realize that they are responsible for the lack of the complete organization that would have enabled the National Association to control the selection of nurses for the war? Complete organization would enable nurses to control nursing affairs.

Then, too, the lack of complete organization has kept "The Canadian Nurse" from attaining to its full usefulness as the organ of the profession. Again the few are left to bear the burden and carry on the work as best they may. And again the result calls forth the knocks of the critical, who, by the way, are so often not the helpers and builders. It is so much easier to pull down than to build up.

Other instances that emphasize the need of complete organization might be cited. These will suffice to set the earnest nurses and the earnest associations thinking, and if they only think, we feel sure some definite forward action will result, and not only will the profession benefit, but the nurses and the associations will be encouraged and strengthened, and a new dignity will be theirs because of the courage and confidence begotten by unity.

THE NATIONAL ASSOCIATION

This year, owing to war conditions, the National Association thought it wise to cancel its annual meeting, but that does not mean that the work of the Association is not continuous. There seems to be more work of a national nature to be considered and undertaken this year than ever before. And that leads us to a consideration of the Associations sharing in this work. Looking into the membership of the National Association, we find only sixteen Alumnae Associations and seven Graduate Nurses' Associations on the roll. What is wrong with the other Associations? Are these twenty-three the only ones who realize their privileges and strive to live up to them? Can the others be so asleep that they don't know there is a National Association and so realize no obligation to it? That there are more Associations we know, for we have forty-four on our official list, and we feel sure there are still some Associations with which we have failed to get into touch.

Each affiliated Association might help to bring in others and so make our National really National. Can we not all do something along this line and set ourselves to the task of having every Association of Graduate Nurses in Canada on the roll of the National before the 1916 meeting? What will you do to help? You can get the necessary forms from the Secretary, whose name and address you will find in the Official Department.

THE FRENCH FLAG NURSING CORPS

It would greatly facilitate the work of the committee in handling applications for service in this corps if applicants would send the necessary information with their letter of application. The necessary information is: Training (certificate), experience, age, letters of recommendation from superintendents and physician.

The committee gratefully acknowledges the kindness of Mrs. K. M. Hutchins, 99 Dupont St., Toronto, who is giving lessons in French, free of charge, to nurses who are offering their services for this work. Mrs. Hutchins is a teacher of French, and is taking this method of helping on the work of the F.F.N.C.

Will all nurses please note that they may share in this good work by helping to send a nurse if they are debarred from going themselves.

The Secretary is Miss A. Weyer, 51 Grosvenor St., Toronto.

The article on "The Possible Amalgamation of Visiting, Hourly and Household Nursing," by Mrs. John H. Lowman, in *The American Journal of Nursing* for August, and which we reproduce in full in this issue, presents the most reasonable solution yet of the problem of providing skilled nursing for the person of moderate means. Our pages have contained discussions at various times, but the real solution, the definite step demonstrating the solution, has yet to be taken.

This paper should be a valuable aid in reaching the solution of the problem and in helping someone to take the definite step to demonstrate that solution.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital. Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

COMPULSORY REGISTRATION FOR NURSES

Miss Perrin, of Denver, Colo., states clearly and concisely the advantages of Compulsory Registration for Nurses in *The Pacific Coast Journal of Nursing* for September. She says:

"State registration for nurses gives a legal right to the title "R.N.," which is a guarantee that a nurse has a certain amount of intelligence to care for a patient.

A compulsory registration law requires everyone who practices as a trained or graduate nurse to have a license.

A compulsory law is very easy to administer when it is once enforced.

We will consider Colorado's law, as it was one of the first states to secure a compulsory law and it is a state that has lived up to its law.

The members of the board in states with compulsory registration cannot sit in an office and wait for the nurses to come in and ask to be registered, but they must go out to them and oblige them to be registered. First, the board must get in touch with the nurse who comes to the state and intends to practice as trained. This is done through the hospitals, directories, doctors, drug stores, and by personal visits of a board member to the small towns of the state. If the nurse is eligible for registration she is sent application blanks. A copy of the law is always sent to every nurse whether eligible or not, so that she can not make the excuse that she did not know. When a nurse is not eligible for registration she is notified that she cannot practice as a trained nurse in the state, and as a rule she goes on to a state where there is no compulsory law. If the eligible nurse does not send in application within two or three weeks she is notified that if she does

not comply within a certain time the matter will be referred to the attorney-general for action. She either complies immediately or leaves the state. Nurses whose applications are complete and are waiting for the board's action are allowed to practice as trained nurses.

Compulsory registration benefits the training schools, as it requires them to give a definite amount of training and it requires a better class of pupils and that they must be prepared and properly equipped before they can pass the state board examination. When pupils fail to pass the required examination it spoils the reputation of the training school, and it is forced either to improve its school by employing more competent superintendents and instructors or to abolish the school.

Compulsory registration exposes the undergraduate and the practical nurse who try to sail under false colors. It keeps down the correspondence schools, and the little training schools that are started to get cheap nursing. It puts a check on the nurses, so that all of the graduates are known. It protects the public as well as the hospitals that employ graduates, for when one is in doubt about a nurse all that has to be done is to call up the state board office for information.

Last winter Colorado decided that the time had come to strengthen her law, which had worked successfully for ten years, so as to elevate and maintain a standard that will produce nurses equal to the demands of the present day. Under the new law a nurse cannot practice nor act in a professional capacity by virtue of claiming to be a trained graduate nurse without being duly registered. Our law allows us to make rules that supplement the law so as to carry out the purpose as well as the letter of the law. We have made no provision for the inspection of training schools, as every pupil is obliged to take the state board examinations, if she wishes to practice her profession in the state, and our board considers this a better check on training schools than inspection. The pupil during an examination under her oral and practical work has a chance to demonstrate what she has learned.

Very often an inspector of training schools is shown an elaborate equipment for training school work, but how can we prove or be sure that it is used, if the board does not examine every pupil?

Colorado has never had a lawsuit. We cannot say that every nurse in Colorado is registered, but every year the number is getting smaller, because the nurses are beginning to realize that they have a personal responsibility in the matter.

We hope that other states will take new courage and amend their laws so as to require a three years' training."

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

The 20th annual meeting of the Canadian Nurses' Association was held in the Medico Chirurgical Society's rooms, on Tuesday afternoon, October 5th, at 3.30 o'clock. Miss Phillips presided.

The meeting was opened by Lt.-Col. Canon Almond, who is home on furlough from the Front and who gave a most interesting account of his work there, the great courage and heroism of the men, and the splendid work that was being done by the doctors and nurses. Every man feels the great seriousness of it all and plays the game well. One remarkable feature of the devastation of France and Belgium was that everywhere churches and shrines were destroyed, but the German shell had not been able to touch a cross—the Cross of Jesus Christ still stands everywhere.

A hearty vote of thanks was tendered Canon Almond by the President and carried unanimously.

The reports of Registrar and Secretary-Treasurer showed a falling off owing to the war and so many of our nurses having gone to the Front.

It was decided to continue the work in the Griffintown Club, and Miss I. Stewart was appointed convener of that committee.

The reports being adopted, Miss Phillips left the chair, which was taken by Miss Colley, who asked for nominations for President. Miss Phillips was re-elected unanimously; Miss Colley, 1st Vice-President; Miss Dunlop, 2nd Vice-President; Secretary-Treasurer, Miss DesBrisay, pro tem. Committee: Misses White, F. Campbell, Hill, G. Wilson, R. Moffatt, S. Fraser, Hadrill, Dewar, Armstrong, McBeath, Welch, and Thompson.

Votes of thanks were tendered Mrs. Burch and Miss Phillips.

Thirteen new names were added to the roll of membership, after which the meeting adjourned.

It is most interesting to study the manifold growth from year to year in the new parts of the country—the North and the West. This year two most striking signs of rapid development have impressed me: First, the growth of progressive ideas pertaining to the temperance cause—the liquor traffic—and, secondly, the Woman's Suffrage movement. At every turn in the West this year we heard something bearing on those two subjects.

And where are we, as regards the temperance question? British Columbia is debating it hard, the old arguments are being brought forward: "You cannot legislate a people into sobriety," "We're British, it is anti-British to interfere with the liberty of British subjects," etc., and we find even the Anglican Clergy, still trying to be friends with everyone, occupying that most uncomfortable and undignified position "on the fence." One clergyman is quoted as having said: "The Church cannot take any stand in this fight, as she has to be the friend of publicans and sinners." Imagine such an argument being put forth before a supposedly intelligent audience! Those old arguments showed peculiarly pale, anaemic and atrophied this year, and notwithstanding the strong admixture of the Old Country forces in British Columbia, there is no doubt but that province will take a good stand on the side of progress in this particular before long, as she has shown herself so progressive in other matters.

Alberta—sunny Alberta—with its mountains, its majestic rivers, its foothills, sunny slopes, its teeming mines, with all their hardy and naturally honest toilers, Alberta has looked at the question with that keen, straightforward look, has peered into the future, has seen that fair province peopled by a people living their lives to the full—"their children strong, fair and upright, full of life and vigor, praising God for all the blessings that have been showered upon them." Alberta has declared for prohibition.

Saskatchewan has taken the first big step—the closing of the bars. And already wonderful results are noticeable in small towns as well

as in the cities, and many a cry has gone up: "Why, why was this not done before!"

Manitoba is pledged to prohibition. That province, now that the first steps have been taken to clean house, will, no doubt, forge ahead, and, next year, we look for great improvements in every line in that province.

And what about Votes for Women? Do you notice how differently that sounds to you now from what it did twenty years ago? It would be difficult to-day to find a man or woman of any account, in the West at least, who would acknowledge in public that he or she does not believe in Votes for Women.

British Columbia, notwithstanding all those Englishmen, will soon pass the measure, and Alberta, Saskatchewan and Manitoba will pass it just as soon as they can get it into shape. They are eager about it now. And then, before long, the progressive movement will carry the more conservative and unprogressive East with it, and we shall have Woman Suffrage a Dominion measure.

Think for one moment what it will mean to this wonderful land—Canada—when the liquor traffic lies dead, and men and women, hand-in-hand are working for the welfare of the whole people.

In both of these progressive changes, one woman has done much, very much, to bring them about. Mrs. Nellie McClung, with her honest, straightforward, witty, and, above all, kindly addresses has done more to bring about a change of heart with regard to both temperance and Votes for Women than will ever be known. She always speaks to packed houses. A man told me he believed Nellie McClung could draw a larger audience than any other speaker in the country. And she draws them from all ranks. She is the first woman in Canada to go on the political platform, and Roblin wishes she had stayed at home. Roblin believes strongly that "Woman's place is the home." So does Nellie, that is the reason she went on the platform, that is the reason she has worked so hard for the temperance and suffrage causes—she believes in her whole being in the home, but it must be a purified and beautified home.

The West has read the "writing on the wall." Let us hope the East will read it, too!

The Victorian Order of Nurses for Canada offers a post-graduate course in district nursing and social service work. The course takes four months, and may be taken at one of the Training Homes of the Order: Toronto, Ottawa, Montreal, Vancouver. For full information apply to the Chief Superintendent, 578 Somerset Street, Ottawa, or to one of the District Superintendents, at 281 Sherbourne Street, Toronto, Ont.; 46 Bishop Street, Montreal, Que.; or 1300 Venables Street, Vancouver, B.C.

HOSPITALS AND NURSES

British Columbia

The Graduate Nurses' Association of British Columbia: President, Miss Wright, New Westminster, B.C.; 1st vice-president, Miss Randal, Vancouver, B.C.; 2nd vice-president, Miss Clarke, Victoria, B.C.; secretary-treasurer, Miss Breeze, 1032 Barclay St., Vancouver, B.C. Executive committee: Mrs. M. E. Johnson, Miss McGilvary, Miss Hart, Miss Judge, Miss Colvin, Miss Morrison.

The quarterly meeting of the Graduate Nurses' Association of British Columbia was held on September 18, 1915, in the Nurses' Home of the Vancouver General Hospital, at 8 p.m. Miss Wright, of New Westminster, the president, was in the chair. About sixty nurses were present. The minutes of the last general meeting and also the minutes of the executive committee meetings during the summer were read and adopted. Miss Breeze, secretary-treasurer, gave an account of the work done by the members throughout the province in the making of surgical supplies for the Front. Three large bales had been forwarded up to date, and the association had funds in hand to carry on the work.

A letter was then read from Miss Locke, of the Canadian National Association re "The Canadian Nurse." There was a discussion on the advisability of the Canadian National Association purchasing "The Canadian Nurse," and also the financial assistance the B. C. Graduate Nurses' Association would be able to give. The following motion was proposed and carried: "That the Graduate Nurses' Association of British Columbia favor the purchase of 'The Canadian Nurse' by the Canadian National Association, and are willing to contribute one hundred dollars ($100), payable in four years, towards purchase of same." Two papers followed—"The Citizens' Complaints," by Miss N. Walker, read by Miss Archibald, and very ably answered in defence of the nurses by Miss Mary Wilson in her paper. Mrs. Johnson led the discussion which followed, in which Miss Randal, Superintendent of Nurses, Vancouver General Hospital, took part. It was agreed that the private duty nurse had no ultimate authority to appeal to and no one to back her in cases of trouble. The president spoke a few words and suggested that the Registration Bill would be a help in such matters, and would constitute the highest authority.

Extracts full of interest from letters from Miss Drew, who went from Nova Scotia with the second contingent of nurses to the Front, were read by her cousin, Miss Dauphinee, also from Nova Scotia. Miss Drew wrote from No. 2 Canadian Hospital, near Le Treport.

The president then reminded the members of the recommendation passed by the executive committee of laying over the Registration Bill for Nurses for British Columbia this winter, depending on whether there was an election and change of government. After some dis-

cussion, it was proposed by Miss M. Wilson, seconded by Miss Archibald, "that the recommendation of the executive committee be adopted." Carried unanimously. The meeting then adjourned.

Miss Cecilia A. Gibson, graduate of Vancouver General Hospital, left the city on September 15th for Merritt, B.C., where she has taken over the duties of matron of the Nichola Valley General Hospital.

The uncompleted wing of the Royal Columbian Hospital, New Westminster, which would afford room for some 200 patients, will be offered to the militia for use as a base hospital for wounded Canadian soldiers, according to the decision reached by the members of the hospital board in annual session.

In response to a letter from Miss Burnabette Loneragan, who went from Vancouver in February with the No. 2 General Hospital, and is now at Le Treport, asking if it would be possible to send a gramophone for her ward in the hospital, her sister, Miss Elze Loneragan, promptly arranged two concerts, with the help of Mr. Sheridan Bickers. As a result, Miss Loneragan had the pleasure of sending an Edison disc phonograph with 25 records, costing $114.80, and an additional cheque for $20 to provide comforts for the men at Le Treport. Added to this, a cheque was given to the No. 5 Base Hospital.

The phonograph was, by the kindness of Lady Tupper, sent with the Daughters of the Empire supplies last week, so the sick men will be again reminded of the kindly thought of Vancouver people.

Speaking of the country around Dieppe Miss Loneragan says the wheat fields are one mass of poppies and cornflowers, and all the country round is under cultivation. Everything seems so peaceful, that except for the abundance of crepe around it would almost be impossible to imagine that war was in the air.

Miss L. Kier, N.S., A.M.C., who has been on active service in a British hospital near Rouen, has been transferred to No. 1 Canadian General Hospital at Etaples, France. Miss Kier is a graduate of St. Paul's Hospital, Vancouver, and a niece of Mrs. T. M. Stevens, Point Grey Road.

Miss Carmichael, operating room nurse at Prince Rupert General Hospital, has been appointed matron and head nurse to that institution in the stead of Miss McTavish, who resigned a short time ago to return East.

Saskatchewan

The Regina Branch of the Saskatchewan Graduate Nurses' Association has raised $312.00 for the Saskatchewan Hospital Unit by raffling a lot donated to the Hospital Unit by Mr. Broder, of Regina. Tickets were printed and sold at 25 cents a chance, the holder of the lucky number receiving the lot.

The nurses of this society are also donating a bed for the Hospital Unit by voluntary subscription.

At the regular meeting, on October 5th, it was decided to hold a bazaar on November 27th. There will be both needlework and home cookery to sell. The funds are for Red Cross and relief work during the winter months.

Manitoba

Winnipeg: A miscellaneous shower was given by the nurses at the Graduate Nurses' Residence, Wolseley Ave., in honor of Miss Jane Tudhope, class '11, Winnipeg General Hospital, an October bride-to-be. Miss Tudhope received many pretty and useful gifts.

Miss Crichton and Miss Starr were the hostesses at a hot water bag shower, given at the Nurses' Residence, Wolseley Ave., on September 16. Clusters of flags and patriotic colored ribbons decorated the tea room. The tea table was centred with red and white tea roses. 89 water bags, 4 ice caps, 4 bed rings and 5 yards of rubber sheeting were the result of the shower. These have been donated to the Red Cross Society for the hospitals at the Front.

Nursing Sister Gladys Bliss, graduate of Ottawa General Hospital, was thrown from her horse at Camp Sewell and seriously injured. We are pleased to report she is making a good recovery at Winnipeg General Hospital. Miss Bliss is a daughter of Colonel Bliss, now on active service.

The Manitoba Association of Graduate Nurses held its first meeting after the summer vacation on September 28, 1915, at the Nurses' Residence. In the absence of Mrs. Willard Hill, the president, Miss Starr, 1st vice-president, presided. Reports were read from conveners of the different committees. Miss Johns, Superintendent of the Children's Hospital, read an interesting paper on experiences while in Teachers' College, Columbia University, New York. This was greatly appreciated and a hearty vote of thanks was given her. At the conclusion of the meeting afternoon tea was served.

Miss Crichton, at Nurses' Residence, has been confined to her room the past week. We are glad to report her able to be out again.

Mrs. Willard Hill, president of the Manitoba Association of Graduate Nurses, who, with her family, spent the holiday season at her cottage at Minaki, has returned to the city.

Miss E. Champion, who is engaged in city anti-tuberculosis work, has returned after six months leave of absence on account of ill health, and will resume her duties on October 1st. We are very glad to report Miss Champion much improved in health. During her absence her position was ably filled by Miss McGilvray.

Miss Gauld has returned from a pleasant vacation of two months spent at Edson, Alberta.

The Manitoba Association of Graduate Nurses have donated $100 for two beds at Cliveden Hospital, England. They also sent $50 worth of surgical supplies to same hospital.

Ontario

In the September issue we gave some quotations from San Francisco papers on the Congress. One referred to the attractions of Public Health Nursing, and was attributed to Miss Ella Phillips Crandall, Executive Secretary of the National Organization for Public Health Nursing in the United States.

We have heard from Miss Crandall to the effect that she was seriously misquoted by one of the reporters of the San Francisco Chronicle, from which our note was taken.

Miss Crandall says: The fact is that I enjoyed private duty as much as any nurse of my acquaintance and gave it up most reluctantly to enter upon the duties of superintendent of a hospital and training school, in which field I spent ten years.

"While I do consider that the field of public health nursing gives more freedom than the others, and more diversity in the nurse's life, I still have not the least disposition to underrate the dignity of the other services nor the constant compensations which they offer.

"Nothing could be further from the truth than the statement that the nurse—the public health nurse—is growing away from the physician. I never fail to mention on every platform where I speak that the ethics and etiquette obtaining between the medical and nursing professions are just as rigidly adhered to and just as incumbent upon the public health nurse as they are on the institutional and private duty workers."

We are glad Miss Crandall drew our attention to this matter and gave us the opportunity of correcting the error.

It will be a great shock to many nurses all over Ontario to learn of the death of Helen N. W. Smith, R.N., of Hamilton, who answered the last call on October 6, 1915. Miss Smith took her training in the New York Hospital, graduating in March, 1906. After graduating, she took a position as supervisor of the Private Patient Corridor of the New York Hospital. This position she held only a short time, as she was summoned home owing to the illness of her father. Her next position was superintendent of a maternity hospital in East New York, which she held until 1910, when she came to Hamilton and took charge of the Babies' Dispensary Guild, a position she held at the time of her death. Through her great personal effort this well-organized charity, known from coast to coast, stands as a fitting monument of her endeavor. The community will miss her much. The poor went to her, told of their misery, met sympathy, and were stimulated by her

kindly advice to take courage and try again. She had a great knowledge of the social conditions of the city, and unselfishly lent her every effort to improve these.

The profession in Hamilton has lost a warm friend and ardent worker. She was the first chairman of the Hamilton Chapter of the Graduate Nurses' Association of Ontario, and represented the nurses in the National Council of Women. Of her and her work it can truly be said: "Faithful and well done."

Miss Kate Templeton, graduate of the Hospital for Sick Children, Toronto, has been appointed school nurse in the Public Schools of Sault Ste. Marie, Ontario.

Miss Nellie Turner (St.M.H.), who is at the Duchess of Connaught Hospital, Cliveden, England, spent her holidays at her home in Ireland.

Quebec

The usual monthly meeting of the Montreal General Hospital Alumnae Association was held on Friday afternoon, September 10th, in the drawing room of the Nurses' Home, with Miss Colley in the chair. The attendance was small, as several of the nurses are holidaying. After the usual routine business refreshments were served by members of the hospital staff.

Miss F. M. Strumm, who was seriously ill with typhoid pneumonia in the hospital, is now recuperating at Val Morin, Que. Her many friends among the nurses are delighted to hear of her splendid recovery and welcome her back again to her staff duties in the institution.

Miss A. M. Becksted is spending her holidays with her sister in Schenectady, N.Y.

We note with pleasure the news that Miss Upton, M.G.H., '08, has been promoted to Captain since going to France as an army nurse, and there have been rumors that she has since gone to the Dardanelles.

Misses Mildred Forbes and Laura Holland, M.G.H. graduates, who were nursing in Cliveden Hospital, England, volunteered for service in the Dardanelles, and were accepted, sailing shortly afterwards.

Miss Jones, who underwent a serious operation some time ago in the hospital, has returned to the city fully restored to health again.

Some of the nurses who had returned from holidays recently are: Misses Hutchins, Hogan, Perry, and Amy DesBrisay.

Miss Barry, class '10, returned from Quebec city, having taken the military course there.

A class of twelve have lately received their medals and diplomas as graduates of Montreal General Hospital. They also hold diplomas of Montreal Maternity. The names are given alphabetically: Misses Arnoldi, Babbit, Barrett, Gullison, Lauctree, Violet Larter, Lillian Larter, O'Dell, B.A., Outterson, Pyke, Scott, and Sargent.

Mr. and Mrs. Hammond (nee Pauline Betters) have gone from Syracuse, N.Y., to reside in Bermingham, Ala.

Nova Scotia

The annual meeting of the Graduate Nurses' Association of Nova Scotia, by the kindness of the Superintendent of the hospital and by Mrs. Bowman, Superintendent of Nurses, will be held as usual at the Nurses' Home of the Victoria General.

Twenty-six members of the association are now on the Military Service. Letters are frequently received from Misses Ellis, M. Mosher, and others in France, and from Miss Ada Benrie, at Shorncliffe Hospital.

The news that the Medical Unit volunteered by the University of Dalhousie has been accepted by the War Office is likely to affect private nursing conditions in Nova Scotia. The unit will include twenty-seven nurses. These will, as far as possible, be graduates of the Victoria General Hospital, Halifax.

Nursing Sister Doyle, who has been critically ill, is now convalescent.

At the September meeting of the Graduate Nurses' Association, held at Restholm, an exceptionally large number of members were present to take leave of the retiring president, Miss Kirke, whose departure from Halifax is so much regretted by all members of the nursing profession.

The meeting was opened with prayer, and after the roll call and reports from the secretary, treasurer and registrar, two presentations were made to Miss Kirke, one from the Association, being some gold pieces in a silver coin purse on which was inscribed: "Presented to Violet T. Kirke, by the officers and members of the Graduate Nurses' Association, in grateful acknowledgement of services rendered."

From the nurses "Sick Benefit Fund," Miss Kirke received a paid up policy for three years' benefit.

The presentation was made by Mrs. D. D. Forrest, who expressed with much feeling on behalf of the nurses their appreciation of Miss Kirke's invaluable services, her broadminded sympathy and persevering labors. The meeting was in every way a representative one, although so many members are now absent on active service abroad.

Among those present were Matron Pope, R.R.C.; Nursing Sisters Hubley, Graham, McLean and Rice; Miss Kirkpatrick, Superintendent Truro Hospital; several old graduates of the Victoria General Hospital, and the newly-appointed Superintendent of Nurses, Mrs. Bowman, Miss Kirke's successor.

Tea was served by the Misses McKeil, Matheson and Mellefont. After some musical selections the meeting closed with the National Anthem.

THE NURSES' LIBRARY

The Tuberculosis Nurse, Her Function and Her Qualifications. A Handbook for Practical Workers in the Tuberculosis Campaign. By Ellen N. La Motte, R.N., graduate of Johns Hopkins Hospital; former Nurse-in-Chief of the Tuberculosis Division, Health Department, Baltimore. Introduction by Louis Hamman, M.D., Physician in Charge Phipps Tuberculosis Dispensary, Johns Hopkins University.

G. P. Putnam's Sons, New York and London. The Knickerbocker Press. Price $1.50 net.

The author states she has two objects in view in presenting this book to the public—"First, to offer a working model by which any community can gain some idea as to how to organize and conduct tuberculosis work; second, to offer conclusions, gained through practical experience, as to the nurse's part in the anti-tuberculosis campaign."

Miss La Motte really gives her readers the benefit of her eight years' experience in special tuberculosis work, first under a private organization and later under municipal control.

How to carry on a successful anti-tuberculosis campaign is clearly and definitely explained. "The object of the anti-tuberculosis campaign is the eradication of tuberculosis. "Our experience has been to prove that the simplest and most direct method of controlling this disease is through the segregation—the voluntary segregation—of the distributor, and that to remove the patient from an environment where he is dangerous to one where he is harmless is the function of the public health nurse. This is her chief and foremost duty, and all others are subsidiary to it."

Simplified Infant Feeding, with seventy-five illustrative cases. By Roger H. Dennett, B.S., M.D., Adjunct Professor of Diseases of Children, New York Post-Graduate Medical School; Attending Physician of the Children's Department, New York Post-Graduate Hospital; Assistant Attending Physician at the Willard Parker Hospital and the Red Cross Hospital, New York. With 14 illustrations.

J. B. Lippincott Company, Philadelphia and London; 201 Unity Building, Montreal.

This very practical and complete work should be in the hands of every nurse doing infant welfare work, as well as those having in any way the care of infants. Accurate knowledge often means the "ounce of prevention" which counts for so much where infants are concerned. This book gives you this accurate, practical knowledge which may enable you to save a little life.

Practical Lessons in Nursing. Fever Nursing. Designed for the use of professional and other nurses, and especially as a textbook for nurses in training. By J. C. Wilson, A.M., M.D., author of "A Treatise on the Continued Fevers" and "A Handbook of Medical Diagnosis"; Emeritus Physician to the Pennsylvania Hospital; Physician-in-Chief

STANDARD Floor Dressing

insures hospitals against the dust evil. It is sanitary because it holds down the dust on the floor and kills the germs which the dust contains. Standard Floor Dressing preserves the floors; it penetrates and fills the pores of the wood and keeps out dust and dirt. It is economical; one gallon will cover from 500 to 700 square feet of floor. Standard Floor Dressing greatly improves the appearance of the floor and prevents it from warping and cracking. For prices and any further information, address our nearest office.

THE IMPERIAL OIL COMPANY
Limited

BRANCHES IN ALL CITIES

Made in Canada

to the German Hospital, Philadelphia; Emeritus Professor of the Practice of Medicine and of Clinical Medicine in the Jefferson Medical College; Consulting Physician to the Rush Hospital for Consumptives, the Jewish Hospital, the Bryn Mawr Hospital, the Philadelphia Lying-in Charity, and to the Widener Memorial Home for Crippled Children; president of the College of Physicians of Philadelphia; member of the Association of American Physicians, etc., etc., formerly Visiting Physician to the Philadelphia Hospital and St. Agnes' Hospital. Eighth edition, revised and enlarged.

J. B. Lippincott Company, Philadelphia and London.

This very complete textbook on fevers and fever nursing has been thoroughly revised to make it meet the need of the nurses who are preparing for the wider fields of usefulness opened to them by social service and now by the war. That particular knowledge necessary for success in this branch of work is obtainable here.

Cancer, Its Cause and Treatment. By L. Duncan Bulkley, A.M., M.D., Senior Physician the New York Skin and Cancer Hospital, etc.

8vo., cloth, 224 pages. Price $1.50 net. Paul B. Hoeber, Medical Publisher, 67, 69 East 59th Street, New York.

"Cancer has hitherto been regarded almost wholly from its histological and surgical aspects. But relatively little attention has been paid to the dietetic and medical aspects of this most threatening malady, although voices have been raised from time to time, claiming that the basic cause is constitutional, and that it depends largely on diet and mode of life. In the present book the author has collected from literature and analyzed the evidence of the constitutional nature of cancer, and presents his own experience in its dietetic and medical treatment, during the past thirty years, with reports of cases." Owing to the alarming increase of this disease this contribution to the solution of the cancer problem is most timely and should be welcomed by the profession.

"World Wide" on the War. This splendid weekly publication is performing an unusually important service to Canada during this greatest of all international wars of the world's history. "World Wide" selects and presents to its readers every Saturday the ablest articles by the ablest writers in Britain and America on the war situation and its consequences. It thus reflects the current thought of both hemispheres in these critical times. Eminent men and women all over the country acknowledge its great worth. Who can afford to be without it? "Almost every article in almost every issue you feel you would like to put away among your treasures, or send to some friend." If you wish to keep informed on world events in the least possible time read "World Wide."

Subscription rate $1.50 per annum, or on trial for three months for only 25 cents. Send to John Dougall & Son, publishers, "Witness" Block, Montreal.

A Message To Every Canadian Nurse

When you read of "Cereal Infant Foods", Malted Foods, and Infant Foods requiring the *addition* of milk, you realize the contrast between these goods and

Glaxo

*The Food That "**Builds Bonnie Babies**"*

Being in itself pure milk (with sufficient added cream and lactose to bring it up to the ideal standard of babies' *natural* sustenance) Glaxo is in a class by itself.

Glaxo is made in New Zealand, the finest dairy country in the world, and is prepared for use in a moment by the addition of hot water. It *cannot be wrongly used by your patient.* There is satisfaction for you in this.

Glaxo is also a splendid restorative in convalescence after operations, and for use wherever the digestive organs are weak.

A sample will be sent to any nurse mentioning this paper.

Glaxo

CANADIAN OFFICE

418 Dominion Bank Bldg., Toronto

"Canadian Pictorial," Canada's Most Artistic and Popular Magazine. This elegant magazine delights the eye while it instructs the mind concerning the picturesque doings of an interesting and highly entertaining world. Its war pictures are alone worth the money. Each issue is literally crowded with the highest quality of photogravures, many of them worth framing. It is the most popular "Pick-me-up" on the waiting room tables of leading doctors throughout the Dominion, and in the big public libraries it is literally "used up" by the many who are attracted by its entertaining and beautiful pages. It's a "love at sight" publication and it has departmental features of great interest to the young woman and the home-maker. Of it—just to quote one man's praise from among thousands—the late Rt. Hon. Lord Strathcona, wrote: "The 'Canadian Pictorial' is a publication which, if I may be permitted to say so, is a credit to Canada. (Signed) Strathcona." On trial to new subscribers—twelve months for only 65 cents.

The "Canadian Pictorial" is published by The Pictorial Publishing Co., "Witness" Block, Montreal, Canada. Try it for a year on above offer.

War Articles Worth Following. The "Witness" articles on the war situation are appreciated throughout Canada by the best informed people, for their clearness and sincerity, as well as for their fine spirit, breadth and foresight. The Montreal "Weekly Witness" is a truly great national paper. It always has been and still is absolutely owned and edited by Dougalls, Mr. John Redpath Dougall being its editor. While some papers are notoriously and obviously at the beck and call of predatory interests, there are others, like the Montreal "Weekly Witness" that have maintained their independence. It has never groveled. It has never touted. It has never pandered. The "Witness" is its unique self, loved by its friends, hated by its enemies. During the past three generations it has conscientiously, devotedly and very efficiently served its country in many ways, notably in its campaign for temperance, righteousness, religious liberty, education, and everything looking towards lower cost and higher plane of living. If Canada is not yet enjoying to the full the benefits of these things, it is far ahead of many other countries in most of them, and this is due in no small measure to the stand or, more correctly, the splendid campaigns of the "Witness" whenever opportunity afforded. The welfare of the Canadian farmer in particular has always been considered of prime importance by the editor of the "Witness," and the "Witness" has done yeoman service to agriculture. To bona fide new subscribers mentioning the name of this paper, one trial year may be had for only 65 cents, or three months on trial only fifteen cents. The publishers are, as always, John Dougall & Son, "Witness" Office, Montreal. The "Weekly Witness" has now no connection with any daily newspaper and is the healthier for it.

Courses in Public Health Nursing

The Boston Instructive District Nursing Association offers two courses in preparation for public health nursing.

The Eight Months' Course is offered by the Association in connection with Simmons College (Harvard University) and the School for Social Workers. The work at Simmons College includes courses in sanitary science and public health, preventive medicine, social legislation, and household economics. At the School for Social Workers lectures and conferences throughout the year on the principles and methods of social service, with related practical work. Practical nursing experience arranged by the Instructive District Nursing Association. Tuition fee, $80.00.

The Four Months' Course, under the direct management of this Association, is designed to give a basis for the varieties of social work where nurses are in demand. Instruction is given in the procedures of district and visiting nursing in all its branches, and experience provided in the principles and methods of organized relief. Field work, lectures and class discussion.

For further information apply to

MISS A. M. CARR

561 Massachusetts Ave., Boston, Mass.

New York Polyclinic Post-Graduate School for Nurses

¶ Offers nine months course in the following branches: Surgery, including emergency work; Operating Room Technic; Sterilization; Gynecology; Pediatrics; Eye, Ear, Nose, Throat; Orthopedics; Cystoscopy.

¶ Classes by resident instructor, supplemented by bedside instruction. Lectures by Attending Staff. Special Course in Dietetics. Diploma awarded on satisfactory completion of course. Registry maintained for graduates and frequent opportunities given to obtain institutional positions. Remuneration: board, lodging, laundry, and $12 monthly.

¶ A special course of four months duration is offered to those specially qualified. Remuneration: board, lodging, laundry and $6 monthly.

E. LETA CARD, R.N.
Superintendent of Nurses
341-351 West 50th St., New York

Obstetric Nursing

The Chicago Lying-in Hospital offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training, and a six-months' post-graduate course to nurses who are graduates of training schools connected with hospitals for the insane and sanitariums giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of training schools associated with general hospitals and a six-months' course to pupils of training schools associated with hospitals for the insane or sanitariums.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

Address

Chicago Lying-in Hospital and Dispensary

5038 Vincennes Ave Chicago

THE CANADIAN NURSE EDITORIAL BOARD

Newfoundland

Miss Southcott, Supt. Training School for Nurses, Gen. Hosp., St. John's.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

Cape Breton

Mrs. Lornay, Brooklands, Sydney, N.S.

Nova Scotia

Miss Pemberton, Supt. Restholm Hospital, Halifax.

Miss Kirke, Supt. Victoria General Hospital, Halifax.

New Brunswick

Mrs. Richards, Supt. Victoria Public Hospital, Fredericton.

Miss Hegan, 75 Pitt St., St. John.

Quebec

Miss H. A. Des Brisay, 16 The Poinciana, 56 Sherbrooke St. W., Montreal.

Miss Colquhoun, 301 Mackay St., Montreal.

Miss Emily Freeland, 285 Mountain St., Montreal.

Miss Hersey, Supt. Royal Victoria Hospital, Montreal.

Miss L. E. Young, Asst. Supt. Montreal General Hospital, Montreal.

Miss M. Vernon Young, 56 Sherbrooke St. West, Montreal.

Miss Grace E. Nourse, 5 Elizabeth St., Sherbrooke.

Ontario

Miss Morton, Supt. Gen. and Marine Hospital, Collingwood.

Miss MacWilliams, Supt. General Hospital, Oshawa.

Miss Robinson, Toronto General Hospital.

Miss Janet E. Anderson, 35 Norwich St, Guelph.

Miss Bessie Street, 137 Catherine St. N., Hamilton.

Miss Annie Baillie, 237 Queen St., Kingston.

Miss M. A. MacKenzie, Chief Supt. V.O.N, Somerset St., Ottawa.

Miss M. A. Ferguson, 476 Bonacord St., Peterboro.

Miss L. Regan, St. Joseph's Hospital, Port Arthur.

Miss Jewison, 71 First Ave., Toronto.

Miss Ewing, 295 Sherbourne St., Toronto.

Miss S. B. Jackson, 36 Prince Arthur Ave., Toronto.

Miss M. Russell, 24 Patterson Ave., Ottawa.

Miss McNeill, 82 Gloucester St., Toronto.

Miss J. I. Gunn, Toronto General Hospital.

Miss E. F. Neelin, General Hospital, Kincardine.

Miss A. M. Connor, 853 Bathurst Street, Toronto.

Miss C. V. Swayze, 2 Lyman Street, St. Catharines.

Miss J. Ferguson, 596 Sherbourne Street, Toronto.

Miss Lennox, 32 Bernard Avenue, Toronto.

Miss G. A. Hodgson, 26 Foxbar Rd., Toronto.

Mrs. W. Cummins, 95 High St., London.

Miss G. A. Gowans, 5 Dupont St., Toronto.

Miss Butchart, Toronto.

Miss E. Master, 27 Ellen St. E., Berlin.

Manitoba

Miss Birtles, Supt. General Hospital, Brandon.

Miss Wilson, Supt. of Nurses, General Hospital, Winnipeg.

Miss M. I. Burns, General Hospital, Winnipeg.

Saskatchewan

Miss Jean E. Browne, Alexandra School, Hamilton St., Regina.

Alberta

Miss M. M. Lamb, 562 Kirkness St., Edmonton.

Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

British Columbia

Miss Judge, 811 Thurlow St., Vancouver.

Miss M. H. Clarke, 1030 St. Charles St., Victoria.

Miss Rene Norcross, 1274 Mitchell St., Victoria.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

BOARD OF DIRECTORS

Mis J. I. Gunn, Toronto, President.

Miss M. E. Christie, 39 Classic Ave., Toronto Secretary-Treasurer.

Miss Lennox, Toronto.

Miss J. G. McNeill, Toronto.

Miss A. I. Robinson, Toronto.

Editor

Miss Bella Crosby, 295 Sherbourne Street, Toronto.

School of Medical Gymnastics and Massage

61 East 86th St., New York, N.Y.

POST-GRADUATE COUPSE

A. Practical: Swedish Movements, Orthopedic Gymnastics, Baking, Manual and Vibratory Massage.

B. Theoretical: Lectures on Anatomy, Physiology, essential parts of Pathology, etc.

All communications should be directed to

Gudrun Friis-Holm, M.D.

Instructor in Massage at the following Hospitals: Roosevelt, St. Luke, New York, New York Post-Graduate, Bellevue, and others.

GRAND PRIZE
Panama-Pacific Exposition
San Francisco, 1915

GRAND PRIZE
Panama-California Exposition
San Diego, 1915

REGISTERED TRADE-MARK

Baker's Cocoa

is as delicious in flavor as it is high in quality and absolute in purity.

All of our goods sold in Canada are made in Canada

Booklet of Choicest recipes sent free on request

Walter Baker & Co., Limited

Established 1780

Montreal, Can. **Dorchester, Mass.**

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$20.00 a month will be paid together with board, lodging and laundry. Application to be made to Miss E. F. Rivington, Superintendent, 149 East 67th St., New York City.

Tell your friends in the profession about this paper. Every subscription received makes it more useful in every way.

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone Columbus 7780-7781.

OPERATING ROOM NURSE WANTED

Wanted: A graduate nurse to take charge of the operating room. Must have had experience in and be thoroughly familiar with the technique and the general management of that department. To avoid unnecessary correspondence, address with full particulars, giving age, experience, references, etc., Arthur B. Ancker, M.D., Supt. City and County Hospital, St. Paul, Minnesota.

POSITION WANTED

Hospital position wanted by graduate obstetrical nurse (2 years trained) for October. Near Montreal preferred. Address: c.o. B. A., 24 Fort Street, Montreal, Que.

POSITION WANTED

As Night Operator or Surgical Ward Nurse, by a Canadian graduate of 1909. Credentials on request. Address L. E., c.o. Canadian Nurse, 32 Colborne St., Toronto.

ND

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Restholm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss Gilchrist; Secretary, Miss McIntosh, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Willard J. Hill; Secretary, Miss E. Gilroy, 674 Arlington St., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 185 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss Merle McCormack; Secretary, Miss Annie E. Moore.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 505 Sherbourne Street.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Smith; Secretary, Miss M. E. Henderson, 552 Bathurst St.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss C. Cameron, 137 Macpherson Ave.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Annie Day, 86 Maitland St.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Miss Lena Davis, Hospital for Insane, Queen St. W.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 113 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss Ferguson; Secretary, Miss B. Mowry, Supt. Queen Mary Hospital.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss Miss M. E. Misner, 16 Ulster St., Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Miss E. P. Hegan,; Cor. Secretary, Miss A. A. Burns.

The Woodstock General Hospital Alumnae Association.—President, Mrs. V. L. Francis; Corresponding-Secretary, Miss Kathleen Markey, Wellington S. N., Woodstock, Ont.

Our Creed

TO HAVE everything done right and neatly; to produce such merchandise as will give satisfaction to the wearer; to consider every detail sufficiently vital enough to give it thought and care—these have been our aims from the very inception of this business.

How well this policy has paid us is evident in the loyalty of thousands of Nurses who have become enthusiastic wearers of the Dix-Make Uniform.

Sold by leading stores. Our label on every garment is for your protection.

Blue Book of styles and full information gladly sent on request

Henry A. Dix & Sons Co., Dept. B Dix Bldg. **New York**

The senses delight in the velvety softness and the exquisite rose odor of Na-Dru-Co Royal Rose Talcum. One could scarcely imagine anything finer, smoother or more pleasing. 25 cents a tin.

National Drug & Chemical Co. of Canada, Limited, Montreal

Na-Dru-Co Royal Rose Talcum Powder

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss A. MacDougal; Vice-President, Miss McVicar; Secretary-Treasurer, Miss L. Whiting.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 22 Westview Court, 27 Christie St., College 5378; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 295 Sherbourne St.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley, 853 Bathurst Street; Miss Margaret Cameron, 69 Breadalbane Street.

Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Fall Class—Second Section opens Nov. 17, 1915

Winter Class opens January 19, 1916

Duration of term four months

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.

MAX J. WALTER, M.D., Supt.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.

It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY

Buffalo, N.Y.

MALTINE

With CASCARA SAGRADA

For Constipation and Hemorrhoids

CASCARA SAGRADA is acknowledged to be the best and most effective laxative known, producing painless and satisfactory movements. Combined with the nutritive, tonic and digestive properties of Maltine, it forms a preparation far excelling the various pills and potions which possess only purgative elements. The latter more or less violently FORCE the action of the bowels, and distressing reaction almost invariably follows, while Maltine with Cascara Sagrada ASSISTS NATURE, and instead of leaving the organs in an exhausted condition, so strengthens and invigorates them that their normal action is soon permanently restored.

For sale by all druggists.

THE MALTINE COMPANY

88 Wellington St. West, TORONTO

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss O. Campbell.

Treasurer, Miss I. Anderson, The Ainger Apts., corner Bloor and Sherbourne Streets.

Recording Secretary, Miss M. McNeil, Hospital for Sick Children.

Corresponding Secretary, Miss Keefer, 321 College St.

Conveners of Committees—General Business, Miss Jamieson; Sick Visiting, Miss Winters, 127 Walmer Road.

Press Representative and "The Canadian Nurse" Representative, Miss W. M. Armstrong. Representatives on Central Registry Committee, Misses Fraser and Barnhart.

Regular Meeting, Second Thursday, 3.30 p.m.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. Geo. Valentine, 55 Lakeview Ave; Treasurer, Mrs. MacLean, 702 Shaw St

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooney.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Segsworth; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss L. Smith; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss K. Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Luney, Riverdale Hospital; Treasurer, Miss Kirk, 336 Crawford St.

Executive Committee—Misses K. Scott, Murphy, and Mrs. Lane.

Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.

Representatives on Central Registry Committee—Misses Piggott and Rork.

Representative "The Canadian Nurse"—Miss J. G. McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA.

President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss H. Sykes, 753 Wolseley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolseley Ave.; Treasurer, Miss J. Tracy, 244 Arlington Street.

Conveners of Committees: Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolseley Ave.

Regular Monthly Meeting—Second Thursday at 3 p.m.

The Canadian Nurse

wants a subscription from every trained nurse and hospital authority in Canada.

If you are not a subscriber now, send in your subscription.

6 oz. Sprinkler Top

GLYCO-THYMOLINE
DENTAL
IS PUT UP IN THIS STYLE WITH SPRINKLE TOP FOR DENTAL PURPOSES USED DAILY AS A DENTIFRICE AND MOUTH WASH
Kress & Owen Company
MFG. CHEMISTS
361 PEARL ST. NEW YORK

Glyco-Thymoline is an ideal daily mouth wash. Reduces inflammation of Mucous Membrane without irritation.

Used in conjunction with the K. & O. Nasal Douche for treating Nasal Catarrh.

KRESS & OWEN COMPANY
361-363 Pearl Street, NEW YORK

BIRTHS

To Mr. and Mrs. Hammond, Syracuse, N.Y., August 25, 1915, a son. Mrs. Hammond (Pauline Betters) is a graduate of Montreal General Hospital, class '10.

To Dr. and Mrs. W. B. Clarke, White Horse, Yukon, on March 14, 1915, a son. Mrs. Clarke (Laura Gordon-Miller) is a graduate of St. Michael's Hospital, Toronto.

At Port Rowan, Ontario, on August 5, 1915, to Mr. and Mrs. S. Buck, a son. Mrs. Buck (Daisy Sawers) is a graduate of Toronto Western Hospital.

MARRIAGES

On September 25, 1915, at Fitch Bay, Que., Miss Mary Wyman, graduate of Montreal General Hospital, class '11, to Mr. Thames, of Jacksonville, Florida.

On August 16, 1915, at Montreal, Miss Leys, of the staff of Montreal General Hospital, and graduate of M. G. H., class '13, to Dr. Oulton, of Alexandra Hospital, Montreal. Dr. and Mrs. Oulton will reside at 236 Bishop St., Montreal.

In June, Miss Roy, graduate of Montreal General Hospital, class '14, to Dr. Kirkland, former house doctor of same hospital.

At Toronto, on September 11, 1915, Miss Helen Baker, graduate of Toronto Western Hospital, to Mr. Brown, of Toronto.

On September 22, 1915, at Toronto, Miss Anna Bartlett, graduate of Toronto General Hospital, class '12, to Dr. James S. Simpson, of Toronto.

DEATHS

At Milden, Sask., on July 7th, Mrs. W. H. Hammill (Elizabeth Foster), following an operation on July 6th. Mrs. Hammill was a graduate of the Mack Training School, St. Catharines, Ont., class 1902.

On October 6, 1915, at Hamilton, Ont., Helen N. W. Smith, R.N., Supervisor of Babies' Dispensary, Hamilton.

PUBLISHERS' DEPARTMENT.

The School of Medical Gymnastics and Massage has entered its ninth year of existence. The best doctors support the institution by recommending its graduates to positions as well as to private patients. The hospitals where the students get most of their training are The New York and the Presbyterian. As the students progress and are able to work without supervision of teachers they are sent to patients' houses and to other hospitals and clinics. The training is a thorough course in Massage in all its branches. Since the incorporation of the Friis-Holm Association the faculty counts among its members several first class physicians. After the graduation a social club keeps the Alumni in constant touch with school. For information address: Registrar's Office, School of Medical Gymnastics and Massage, 61 to 69 East 86th Street, New York, N. Y.

THE CANADIAN NURSE

A MONTHLY JOURNAL FOR THE NURSING PROFESSION IN CANADA

Vol. XI. TORONTO, DECEMBER, 1915. No. 12

HEALTH OF SCHOOL CHILDREN

By Dr. W. A. Thomson, President Saskatchewan Medical Council.

A careful examination of the vital statistics of the province for the year 1914, which gives a death rate from communicable diseases as 72.40 per one hundred thousand, and the death rate under nineteen years of age as 24.76, would indicate that there is a great wastage constantly going on which, unlike the wastage of war, is to an almost incredible degree preventable. This appalling wastage of our child life has not diminished to a satisfactory degree in view of the fact that the science of medicine has advanced more rapidly during the last decade than any of its sister sciences, and especially since the science of hygiene has made more rapid strides forward than any of the other branches of medicine. To conserve this loss to the province, and in some measure prevent our greatest asset becoming a debt, is a work which this committee will do well to carefully consider, for in comparison all other branches of our educational system take a second place.

The work of conservation of our natural resources received a great impetus a few years ago when the Commission of Conservation was created, and its splendid work has justified its creation. In the September report of this commission we find dealt with the protection of game, of forests from fires, trees from insects, property from rats, crops from weeds, and fish from fishers, but the conservation of child life is not mentioned except in its relation to fires. We are conserving our forests, water powers, minerals, protecting crops and stock—in fact, preserving every other national asset through this commission except the boys and girls of our schools. Scientific agriculture has come to stay because it produces better crops, which mean more money for the farmer. Experimental farms are created. The laboratory and agricultural college have been placed by governments at the door of the farmer, and he has eagerly learned from bulletins and lectures all that science has done to improve his stock and crops. In consequence he has built better barns, has erected silos, and is now working under scientific conditions because it pays. The farmer who conducts his

Read at Citizens' Convention, at Regina, called by Premier to discuss means to improve the educational system of the Province.

operations under conditions existing fifteen years ago, or less, is recognized from the road and, too often, by the sheriff.

If education can do this for the farmer, and all political parties unite in offering him the best possible service for the conservation of his own resources, why should he be content to muddle along with conditions little changed in the past fifteen years in his home and school. His children are born, contract the usual infectious diseases through the public school, with no attention directed to defective teeth or eyesight, or other problems relating to their health, unless it be that some attention is given to the ill effects of alcohol and tobacco by the teacher. The health officer casually tacks up and takes down placards, burns a little sulphur perhaps, and wanders about the community in a desultory way, warning the less wealthy people to clean up. Why parents are content to allow their children to shuffle along the old trail toward the same old schoolhouse, while the young stock gets its up-to-date attention, is difficult to understand unless it be that everybody's business is nobody's business. It should not be longer said that we cannot attain to a fixed normal standard of living in the home and school where every individual is permitted to live as an efficient, healthy human being, morally, mentally and physically. We believe that the prime purpose of education is to equip the individual to make the struggle for existence. More than ever before we realize that this necessitates the development of the body as well as of the mind—that body, mind and character are all qualities of one individual, and that it is practically impossible to elevate one quality while the others are weak or degraded. The problems of health concern all that contributes to the evolution of the individual, physically, mentally and morally, and for this reason should occupy much more attention in our educational system than at present. When education interferes with the physical development of the child it strikes a weakening blow at the quality of brain plasma possessed by the child, hence a system which retards development will interfere with a high standard of mental efficiency.

The strain of existing educational methods is responsible for the thousands of physically unfit, neurasthenic young adult men and women who are ruined for life. Our rural school is too often improperly lighted, ventilated, and heated. It sits on a bleak corner of the section, without organized playgrounds, with lavatories of a primitive type, and with no thought, apparently, that it should be located as near the centre of school population as possible. The seats are sometimes adjustable, but the teacher has not been taught to adapt them to each child. There is no ventilation except by the windows, and in cold weather, when ventilation is most required, the stove has all it can do to make the room comfortable. The effect of defective inheri-

tance, bad environment, malnutrition, diseased condition of teeth and tonsils, or defective eyesight, passes unrecognized at home or at school, and our boys and girls graduate into the firing line too often unfit for the strenuous fight for an existence, crippled for citizenship. If a good examiner would criticize the faces and forms of the passers-by on the streets of one of our cities he would recognize only too often the result of parental and popular ignorance during school days. These are seen in varying degrees of lateral curvature, adenoid faces, sallow skin from constipation contracted by a vicious school system, narrow under jaw and that look of fatigue which indicates all round physical discontent. It is time to wake up and read the signs of the times if we are to perpetuate a race of men and women worthy of this great west land.

When great corporations give instructions in safety first, the use of reading and rest rooms, and gymnasiums, they do not consider it a charity but a sound business proposition, and insurance companies increase dividends by preaching health to their policyholders. The extent to which health may be conserved and the span of life lengthened by modern methods of physical education has made public health work a very attractive field of endeavor, especially since the evidence of those best able to judge goes to show that over forty per cent. of the deaths last year might have been postponed, at least fifty per cent. of the illness prevented, the average life prolonged by twelve per cent. and that four per cent. of our population is sick all the time. I believe that this committee is under a great moral obligation to prevent this economic wastage being any longer sacrificed to popular ignorance and indifference. Public opinion has been enlightened to such an extent in recent years in public health matters that it no longer takes for granted that a thing is good just because it is long established.

Perhaps the greatest factor in this new propaganda is the women's organizations throughout the rural districts, which are beginning to inquire more and more into conditions as they are, and will continue to do so until their boys and girls are treated at least as well as their stock. One would think that ratepayers would question the wisdom of painting the schoolhouse and leaving the child defective and unable to profit by the instruction offered. More and more the people of the country are realizing that with proper attention to both home and school a very large percentage of youngsters will receive their education without being a nuisance to themselves, their parents and teachers, through contracting preventable diseases.

We wish to avoid the arrested development, from any cause, of these unfolding and susceptible bodies and minds, and to this end there is still room for reforms in school methods. The varying limitations of children call for a more intelligent grading and more individual atten-

tion than formerly has obtained if we are to get the best results. It has seemed a pity that parents should anticipate without apprehension that their children would become pale toward the end of the term and exhibit symptoms of the shut-in type when our schools should offer better health and parents accept nothing that would handicap the child physically.

The depressing influence of the ordinary school on the health of children is a very serious matter—more serious than some of us realize, for the physical handicap imposed by an unnatural school life is apt to influence the entire after life of the pupil. The child may have certain physical defects, such as partly decayed or ill-adjusted teeth, adenoids or diseased tonsils, or he may have errors in refraction that develop eye strain and consequent nervous irritation. Any of these defects is sufficient to lower his scholarship, and lessen the likelihood of his completing his school work with credit. And, moreover, if these defects are not remedied in early life they may result in more or less permanent injury to the body through later years. These conditions come under the direct observation of mothers and fathers, and no matter how sanitary the school, or how rigidly health regulations are enforced, if things are wrong in the home the school will not entirely make up for it. When so few schools are conducted to the best advantage of the health of the pupils it behooves parents to see to it that the physical part of the education of their children is not neglected, at least in the home. In localities where the problem of bettering physical conditions in the school is not being carefully considered by the school authorities parents should interest themselves in the subject and organize to get better results, and anything that can be done to mitigate the unfortunate accompaniments of our educational system is worthy of their best consideration and effort.

A new school of medicine has arisen within recent years which is concerned with prevention rather than healing, and already it has taken hold of the best minds of the age. This world wide movement has raised hygiene to rank with the best among the many branches of medicine and promises to make this old world a better place to live in. Its object is to raise the inherent fighting power of every individual to a point where germs cannot get by the natural defence set up. Hygiene seems to bring into action the resistance which every person has to some degree, thereby making his asset of health one hundred per cent. efficient, but the more one looks at this whole field the stronger the conviction becomes that the problem is a social one and must be solved by social remedies. This is at once evident when we recognize first that the responsibility for the conditions that cause disease lies with the people, and again that all power and authority for bettering these conditions also rest with society and its agents. It is

a popular belief that the control and prevention of disease is largely the duty of the medical profession, but if in the past the profession has assumed this responsibility it would appear that the public has been lacking in its co-operation and appreciation. We can furnish the technical information as to how disease can be reduced or abolished, but nothing of permanent value will come without support. This support will come when the public understands what is needed, and why it is necessary. Public education becomes therefore an indispensable factor in every movement for the conservation of health. To-day the public is learning to value the great achievements of science which have reduced such diseases as smallpox and yellow fever to almost nil, robbed epidemics of diphtheria, plague, typhoid and cholera of their terrors, and in many ways helped to develop a happier, healthier, long-lived community the world over.

The modern public health movement has been a development of very recent years and has taken two very distinct forms upon two distinct methods of reasoning. One view assumes that public health must be secured and maintained by means of a great organization and a state police force of inspectors who will prevent the violation of the numerous laws of health much in the same way as police are supposed to prevent crime. The other view aims rather at the education of the people so that the laws of health will become the common property of the people and the power of their enforcement will lie in public opinion.

The advocates of the first theory devote themselves to securing large appropriations and to placing a large array of ordinances on the statute books. The advocates of what might be called the educational method endeavor rather to spend such funds as are available in presenting a practical hygiene to the people in a strikingly impressive and convincing way. From countries where the educational method is in use we have learned many lessons in catching and holding the attention of the public. In one district patent medicine signs are prohibited and in their place catchy convincing healthy suggestions such as "The best farm in this country is the one on which the health of the family is best protected."

In following up the education of the public we realize that the avenue along which we hope to reach the home most smoothly and efficiently is through the teaching of hygiene in the public school, and of this we hope to take the fullest possible advantage. We wonder why hygiene should be the least interesting to teacher and child of all the subjects on the curriculum in view of the fact that it happens to be the most vital to the child, to the home, and to society, yes even to education itself. There are more excuses than reasons for the neglect of this most important subject in our schools. The teacher states that the urgent requirements of the department, together with a very crowded

curriculum, make it impossible to do justice to hygiene, and anyway she does not consider it essential. We believe that the formal teaching of this subject can never be made effective and will always prove uninteresting to the child. The new method of teaching hygiene by means of practical, informal health talks touching matters of vital interest to the child, both at home and at school, will make this the most attractive, as well as the most useful, of the subjects taught. A physician learns more from an epidemic of smallpox than from years of textbook reading and the child will profit fully from practical applications of his lessons in hygiene. We know that unless this subject is taught in such a way as to lead the child to form habits conducive to a healthy mode of living, both while at school and in later years, the time spent in its teaching will not have been spent to advantage. As other people's habits of health have a great influence upon our own the teacher may widen her lesson to include the home and the street where the physical welfare of the child is so often influenced prejudicially. Assuming that the teacher possesses a normally sound body, and abounds in vitality, she will take a deeper interest in this subject and be the centre from which will radiate to the children an intensely practical hygiene. We hope she will soon receive from the committee of hygiene of the Department of Education a monthly bulletin of practical hygiene adapted to her use, and based upon the modern methods of teaching this subject. She will also be supplied from the department with the proper equipment for recording the health history of every child and will be held responsible for the teaching of hygiene in such a way that the children will cultivate habits of health, and see clearly its relation to their future happiness and efficiency. Through her staff of reporters her department of school hygiene receives daily reports regarding conditions prejudicial to community health, and the whole staff conscientiously enters upon a local practical health campiagn touching every home.

In this anticipated bond of healthful sympathy between the home and the school I must not overlook its most important link—the school nurse. We do not need to refer at any length at this time to the splendid work which she has accomplished wherever her peculiar gifts for medical inspection work have been demonstrated. It is well known that while public addresses, women's clubs, and other organizations are a necessary adjunct to a health campaign they do not compare with the good results obtained at first hand through the quiet, intelligent influence of the school nurse among the children. Her inherent sympathy for the child causes her to look with concern upon anything which would hinder its physical well being. She can go to those who are not looking for instruction in hygiene, where the M.O.H. is made to feel that he is not quite welcome. Over 5,000 of these specially trained

women are now daily demonstrating in the United States of America that the public schools can be made a centre from which health radiates to the community rather than a centre from which infectious diseases are propagated. School inspection by qualified nurses is becoming recognized as a special department in public health work and its value to the community can be estimated in part by anyone who cares to examine the nature and scope of the work accomplished in the Regina public schools.

In the light of a thorough investigation into the various modifications of the work undertaken by authorities elsewhere it would appear that it will be the duty of the Department of Education to establish a sub-department of school hygiene with a staff of trained school nurses under the direction of an expert school nurse. It will be the duty of this staff:

(1) To examine every child in the province at least once a year, particularly for defective eyesight and hearing, diseased tonsils and adenoids, carious teeth, symptoms of lateral curvature, chorea and tuberculosis, and to recommend to parents treatment of such defects by the family physician or dentist.

(2) To supervise the cleanliness of pupils.

(3) To supervise the cleanliness and sanitary conditions of school buildings and outhouses.

(4) To supervise the proper seating of pupils.

(5) To supervise lighting, heating and ventilating of class rooms.

(6) To give necessary instructions regarding the disinfection of class rooms after cases of infectious disease.

(7) To instruct teachers how to detect the early signs of infectious disease and to report such at once to the local M.O.H.

(8) To instruct the teacher in the simple rules of health.

It follows that such an organization would accomplish in the shortest possible time with the minimum expenditure results which would have a far-reaching effect upon the physical welfare of the school population and indirectly upon the home life of the community.

I would earnestly recommend that a thorough training in health subjects be undertaken at our normal schools so that in the near future the necessity for outside assistance to the teacher in health matters would lessen and each teacher become in larger measure competent to undertake the care of the school in the absence of the nurse.

NURSES' ASSOCIATION OF CHINA

The 1915 Conference of the Nurses' Association of China, was held at the national capital, Peking, on September 1st to 6th. Over fifty delegates attended, coming from ten provinces, and representing

well-nigh every denomination and nationality engaged in hospital work in the Republic. With such representation the conference could not but be most helpful, full of inspiration and encouragement to all who attended its sessions.

At 2.30 p.m. on Wednesday, at the Union Medical College, the conference opened with Miss Hope-Bell, President, in the chair. Dr. Cormack, Principal of the College, conducted the devotional service, giving a deeply spiritual address, the keynote of which was: "Be steady; keep cool; pray." "These are three vital necessities in the life of a Christian nurse. Where there is work there is friction Cooling chambers are needed for all fine machinery and implements, lest by long continued friction their temper and usefulness be impaired. Even so do our bodies, hearts and minds need the cooling chambers of a steady unfaltering trust in a Higher Power, of a ceaseless communion with Him, and a confidence in our powers, the outcome of the first two. The quiet command, the quiet reprimand, the quiet governing in our hospitals are what bring the best results. The greatest hindrances to our work are our own hasty words and actions when duties press. Your standard of spirituality determines that of your hospital and training school. Steady; keep cool; pray."

A reception followed, to which all delegates, physicians, and friends were invited. Sir John Jordan, British Minister; Surgeon-General Ch'uan, of Tientsin; Mr. Roger Greene, representative of the Rockefeller Foundation; and Dr. Wu Lien-Te were guests of honor. A letter was read from the American Minister, expressing his regret at being unable to attend. Miss Powell, of the Methodist Hospital, Pekin, gave an address of welcome to the members of the Association, saying that in hearing of the decision to meet in the capital, she felt that Pekin nurses would gain far more than they would give, in the inspiration and fellowship of such a meeting. Miss Powell then generously put the time of herself and her assistants at the disposal of the stranger nurses for entertainment, sight-seeing, or along any line in which they could be helpful.

Dr. Wu then followed, speaking most appreciatively of the progress along medical lines in China, during recent years, the reward of much faith and patience on the part of the pioneer workers. He urged the importance of getting in readiness fully-trained Chinese nurses who would be competent to staff the new hospitals now going up in all parts of China—laying great stress on the need for real nurses, not "half nurse, half doctor."

Dr. Ch'uan spoke a few words of welcome, and Mr. Greene then gave a rapid sketch of the purpose of the Rockefeller Foundation movement, especially in regard to China—revealing at the same time his own keen personal interest and appreciation of the part which

trained nurses, foreign and native, are to play in the establishment staffing and adequate carrying on of hospital aid for China's needy millions.

The President of the Association, Miss Hope-Bell, then thanked these guests on behalf of the Association for the honor of their presence, and for their inspiring words. Refreshments and a pleasant social hour were included in the program of the afternoon.

Thursday morning was given to the hearing of three papers. The first was on "Social Life, Recreation and Care of Nurses-in-Training." Miss Powell, the writer, is one of the "veteran" nurses in Peking, to quote her own words, though by no means an ancient in years. Out of her rich experience she gave many helpful points on the keeping of our young nurses happy and healthy. The proper care of their bodies as to cleanliness, hygienic clothing, regular and liberal feeding, well-fitting shoes, sleep, special care on night duty, and many other phases were touched upon. Superintendents were urged to see to it that the pupils had opportunity for active out-of-door play, and that they took advantage of such.

Throughout the conference, after the reading of each paper or giving of an address, an open discussion was held, this often being quite, if not fully, as helpful as the address itself. All were urged to take part in the giving and asking of information; in this manner the solving of many problems came to light.

The second paper dealt with "The Discipline for Women Nurses," by Miss Baldwin, of Foochow. The status of our work to-day over that of fourteen years ago was vividly portrayed. Even as the Master "Who for the joy that was set before Him endured the cross," so must face bravely the difficulties and problems which confront and well-nigh overwhelm us as we struggle to bring such a vision of their work to our girls. Miss Baldwin urges that with the new nurses, during their first six months, the crucial and important period in their training, the superintendents give themselves utterly to working personally side by side with them. Their standard of work during those first six months will determine it for life. "Let our first lecture to them be on the requirements for a good nurse and then live it, and teach it day by day, from a moral, physical, and spiritual standpoint. From your second and third year nurses you yourselves may learn much, but your first-year nurses should learn your way of doing things first. Beware of understaffing your hospital, lest you be forced to lower the grade of your work, since the press of the sick about us is so great that it is difficult to control the number of in-patients."

Miss Tomlinson, of Anking, presented a paper on "The Discipline of Men Nurses." "In my estimation," she says, "sex matters

little in the matter of discipline. Be the nurse man or woman, what you demand and cease not to insist on, that you will get. But the more obvious the velvet glove, so long as there is absolutely no doubt as to what it contains, the better for everyone. The people the men nurses respect, like all the rest of us, are those who make them toe the mark. After all, I do feel at times that I can recognize here and there among my pupils a glimmer of understanding of the fact that the stricter the hospital discipline, and the greater the demands made upon its pupils, the more credit ultimately belongs to the pupil holding the diploma of the school."

Chinese meeting. The Chinese graduate and pupil nurses of the city were the guests of the afternoon on September 2nd, and all papers and addresses were in the native tongue. Dr. Liu, of the Methodist Women's Hospital, presided with gracious dignity. After the devotional exercises, Dr. Liu made a few preliminary remarks in explanation of the Nurses' Association, its purpose and its membership, now numbering over 100; and also, for the benefit of the non-members present, gave the official titles in Chinese as decided on by the Association for "graduate" and "pupil" nurses. The graduate nurse to be known as "hu-shih," and the pupil nurse as "hu-sheng."

Mrs. Bayard Lyon, formerly Miss Chung, of Tientsin, was to have given the address of welcome to our Chinese guests, but unfortunately she was unable to be present. In her letter of regret she expressed the hope for an even more helpful conference than the one held last year in Shanghai, if that were possible. "In the writer's estimation, the profession of nursing is the most honored of all professions in which a woman may engage. It cannot fail to better fit her for whatever walk of life may be hers. The welfare, physical and moral, of the children of the next generation, in this or any land, lies largely in the hands of the mothers of this generation. May we, as members of this Association, put forth every effort in our power to help our Chinese nurses in their profession, thus preparing them to carry on the work which we can only begin for them in this great needy land."

The next address was given by Surgeon-General Ch'uan, of Tientsin, ever a warm and loyal friend of our profession. He welcomed us most cordially to the national capital, urging us to feel not as strangers but as honored and welcome guests. He then went on to speak of the importance of the nursing profession from the standpoint of the doctor. "I consider that in the struggle with disease for a human life, that to have a good nurse is seven-tenths of the battle won. The nurse is the doctor's right hand, and the patient's friend. Who does not long for a loyal and gentle friend to stand near in time of suffering and peril—and this is the place which often,

in the absence of one's own, the faithful Christian nurse can so well fill. There were those who said that the nursing profession could not grow in China. But that day has passed. The nurse has proven her worth in this land, and has come to stay and to multiply. Keep your ideals high. A nurse worthy of the name must have education and refinement, and a character above reproach. Go forth with love, faith, and purity of heart—your hope for the future is bright!"

Miss Tippett, of Pingyangfu, followed with one of the most spirited and spiritual appeals that nurses were ever privileged to hear. Would that all of our pupil nurses throughout the land might have listened and learned. Space does not permit of a complete translation, but she said in part: "Let us not lightly regard our profession, by means of which we on the one hand serve our Master, and on the other minister to our fellow men. I wish to liken our lives as Christian workers to this glass syringe which I hold in my hand. I have bought it and it is mine to use as I will. It must obey the impulse of my fingers. It must be empty so that I can fill it with the desired solution. It must be clean, it must work smoothly. Dear friends, we have been 'bought with a price,' 'we are not our own,' we are His. We must pray to be used as He would have us used. We must pray to be pure, to be willing to be used, to be cleansed of all that would hinder His purpose for our lives. The story is told that someone asked Christ 'If Your disciples should fail to carry Your message to the sinning world, what then?' The Master replied: 'There is no other way. I trust them and them only.' He is trusting you, He is trusting me to-day! The Chinese have a saying which, being translated, reads: 'With three of one mind, even earth's dust turns to gold.' Important everywhere, it is doubly so in hospital life, that harmony and singleness of purpose reign. If we hitch two animals to a cart, and one goes east, and one goes west, we are not likely to make very rapid progress. You nurses who are located in the large cities in this land are opening up a new road to the Chinese—the profession of nursing. It is you who pave the way for them to follow. Take care that you build well!" Miss Tippett then closed with the story of the rich woman who, in a dream, made a tour of heaven. As the angel led her past a beautiful home, she curiously inquired, "And who is to live here?" The angel replied, "This is being prepared for your carter." "Impossible! Why, he is a poor uneducated coolie." "I know nothing of that," replied the angel, "we have built the house with the materials he has prepared for us." A little further on the two came to a tiny unattractive hut. "And whose is this?" "This is your home," said the angel sadly. To her protests and claims of wealth and power on earth, the angel replied, "We have used all the material you have sent us."

The rich woman awakened, rejoicing to find that it was only a dream, and that it was not too late to begin to lay up her inheritance eternal.

A social hour followed with the serving of tea and cake by the pupil nurses from the Methodist Hospital, after which the members of the Association took rickshas for the Llama and Confucian Temples, sightseeing.

Thursday evening, from eight to ten, the conference met in united session with the Peking Medical Association, with Dr. Gray, of the British Legation, in the chair. The officers of the Association had hoped that it might have been possible to present an address to H.E., the President, at some time during the conference, but his indisposition prevented this taking place. His representative, Admiral Ts'ai Ting-Kan, was the guest of honor for the evening. A letter of greeting to His Excellency from the Association was read by Miss Hope-Bell, and given to Admiral Ts'ai, for presentation to His Excellency. The Admiral then gave a brief address, first conveying to the members of the Association the regrets of the President at not being able to personally extend a welcome to the delegates, and expressing his appreciation of what the nursing profession had already done and would in the future mean to China. Admiral Ts'ai spoke of the conference as an "epoch-making event in Peking." He referred with pleasure to the meeting of the Medical Association in the city two years ago, and expressed his delight at now seeing so many of their co-workers, the nurses. "You medical men and women have broken down the bars to our sealed homes, and inspired our men and women to go forth and likewise study for your profession at home and abroad. The doctors shape the policies for the curing and prevention of disease, but it is the nurses who permanently carry out such policies. I feel that I owe the life of my own child to the faithful, intelligent care given by a good nurse—to say nothing of the care I have received myself at the hands of nurses in time of need."

A paper by Mrs. Lyon, of Tientsin, followed on "District Nursing in China," full of interest to the listeners. This phase of work is at present possible only in the large cities and ports of the country. The interior hospitals, owing to the rigidity of social laws and customs, must needs advance more slowly, even though all are heartily in sympathy with such work, and long for the time when it will be possible to put our nurses out into the homes of the people to a greater degree.

The final paper of the evening was by Miss Hope-Bell, of Hankow, on "Some Methods in Teaching Men Nurses," a topic of keen interest to the many engaged in that work. There are those who think the training of men nurses in China but a temporary expedient until

social laws permit women nurses to care for both sexes, but it is hard for some of us who are teaching the boys to feel convinced on that point. Many of them are proving themselves as gentle and capable as their sisters. It is evident, of course, that for the present in many localities men nurses must be used for the male wards. In the port cities where the customs have been broken down, women nurses are caring for men in a few instances, but this phase can come about but gradually, if at all, in the far interior. The foreign woman superintendent in the interior often finds herself looked upon as a decided innovation, and she has to move cautiously ere she can command the respect of her men nurses and other native co-workers, and thus gain an entrance to the wards. It is easy enough to give the men lessons in theory, but it is practical nurses who are needed. Miss Hope-Bell finds her "sawdust man" of the greatest value in giving demonstrations. The dummy lends himself to all manner of treatment with perfect good nature, and much can be taught of routine ward work with his aid. A copper or two will secure a small schoolboy as a willing victim for classes in massage or special nursing treatment. Specimens of hearts, eyes, bones and the like may be obtained from the friendly butcher, and these object lessons are not easily forgotten. The danger of teaching too much materia medica to the men nurses was warned against, lest they go out and pose for doctors. But there is much to encourage one in the progress made by the male pupils in recent years, and certainly it is encouraging that so many of them are willing to make it their life work, and so can become experienced nurses. "After all, the greatest value lies not in what they have learned in classes, but to what degree they are willing to forget self, and spend themselves in service for others for Christ's sake. One can 'compel them to go one mile,' but it is the voluntary 'second mile' that counts."

Friday morning's papers were on very practical subjects. The first on "Hospital Economies and Prevention of Waste," by Miss Booth, of Hankow, was a delight to the hearts of all the hospital housekeepers who listened. Miss Booth, in helpful detail, told just how, when and what to buy in kitchen commodities—fuel, linen, dressings, disinfectants, etc., and though location governs to some extent certain of these details, everyone found much that was helpful and suggestive. Next came "Nursing Requisites, as Made on the Native Street." Miss Sawyer, of Tehchow, had this topic, and had prepared an exhibit of articles or their photos. A lively hour was spent, in which many members shared, giving as they were called on, descriptions, prices, and their personal experiences in making or buying the articles under discussion. "Necessity is the mother of invention," especially in interior hospitals, where practical substitutes for expensive and impossible equipment must be had. This was one of the

occasions when fifty-three heads contributed to the topic under discussion, and it could not but be an interesting and profitable hour for all.

After tiffin, the party secured rickshas and set off for the Temple of Heaven, where the afternoon session was held. As one listened to the devotional service, and the address that followed, one forgot that this spot, so rich in the beauties of nature, was steeped in centuries of heathen rites and adoration. Miss Clarke, of Shanghai, opened the meeting with a paper on "Humour and Pathos in Nursing in China." The writer chose to turn the tables, and tell of the pathos first, hoping that the happier memories might linger. First of the horrors of child labor. There is abundant child labor in China everywhere, but it is at its worst in the treaty ports. Child labor in the factories is far more to be deplored than that which takes them out into the sun and air. The accident cases among these mites from machinery are a disgrace to civilization. Then from the social customs arises much pathos. A patient suffering from inoperable cancer is doomed to live apart from husband, children, a veritable outcast, though wealthy. Small wonder she begs for something to make her sleep for ever. A girl of thirteen is brought in frightfully mutilated. Her baby is born soon, happily dead, and the child-mother soon follows. A baby slave girl is beaten so cruelly that paralysis results. Here Miss Clarke paid a grateful tribute to the Shanghai municipal police, who always champion the children's cause. Space will not permit the repeating of the tales told of that universal curse, the white slave traffic, rife in the port cities, or of the sufferings of the ricksha coolies, or of the unknown thousands of suffering women who have no chance to lay down the cares of home and children and come to hospital for treatment, even if grandmother, neighbors, husband, and countless other factors approved of western methods, which is doubtful. To the humorous side, for there is one! From the husband who dissolved in tears that his wife must remain in hospital for two weeks, because there was no one left to take care of him! To the mites who came to the dispensary one day, and on being asked what was their sickness, replied: "We are not sick. We have come to see the fun!" A child of a hospital worker is suddenly seized with convulsions and hurried to hospital. On undressing the baby we find such a pretty suit of underwear made from pink boracic lint! Obedience is what we all strive for in our schools. There was an instance of it recently when one of the doctors sent a nurse to wash his hands after touching some pus-stained wool, instructing him to "continue washing until I come for you." Other duties cropped up, and the nurse was forgotten till some time later the doctor had occasion to return, and the lad was still washing his hands!

Miss Tippett, of Pingyangfu, then gave a forceful talk on "The Evangelistic Opportunities of the Superintendent." Many were the interesting sketches which she gave of missionary work in the interior—the work so dearly like that of the Master, healing and teaching, the two mingling as part of the daily life. "Do not regard your patients as cases only but as souls. Keep your spiritual standard high. Yours will measure that of your hospital. Your inpatients are more important than your outpatients, because you have more opportunity to reach them with daily personal touch. Keep close to God yourself by daily communion, else you will fail miserably. Learn to conquer yourself ere you can hope to control or lead others." But a part of this impassioned appeal can be given. It was followed by a quick succession of earnest prayers that can but result in a higher standard of work for the coming year.

Business over, the nurses went across to the grounds of the Temple of Agriculture to enjoy a picnic supper, for the foreigners are not allowed to eat in the sacred precincts of the Temple of Heaven.

On Saturday morning an interesting paper on "Hospital Social Service, and its Possible Use in China," by Miss Gage, of Changsha, was read. Room does not permit review of the comprehensive sketch of social service as it has been carried on in England and America in recent years, but many helpful suggestions were given as to its adaptations to our work in this land. "Must China wait all the tens of years which Western lands have waited for what has been proven an economic necessity rather than a charity? Social service in some form should stand at the door of the hospital to help every patient leaving it. It should be a campaign of education and prevention. Lectures on hygiene and sanitation, made forceful by lantern slides, pictures, posters, etc., are all useful. Simple demonstrations on the proper way to give a baby a bath, to cook a simple meal in economical and cleanly fashion will be of more value than merely the printed sheet. With the poor clientele found in China, we should strive always to teach them how best to utilize what they have and can get, and not make them think that cleanliness, wholesome food and fresh air are wholly expensive and unattainable foreign innovations. Start with the known and possessed, and work to higher levels. The great aim of social service is really education, first of the discharged hospital patient, and secondly of the community to which he goes. But to be effectual and not bring the movement into disrepute and ridicule we must be content to work up from the bottom with those who have not the first conception of the principles of hygiene or economics."

"The Question Box" was then opened, and the meeting thrown open to discussion of the various topics thus introduced. All manner of problems were brought up, from the building and equipping of

hospital kitchens and to how to make a home-made incinerator to the proper term for our hospital matrons in Chinese.

The program for the afternoon was a treat to all, but especially to those coming from the interior. Immediately after tiffin eight big touring cars took the party for a ten-mile ride through fields and woody roads, terminating at the summer palace of the rulers of the country. The chief points of interest were visited, including a boat ride on the lake, and a stop at the marble boat built for the Empress Dowager, but which, needless to say, is not navigable. The picturesque scenery was enjoyed to the full, and then came the home ride, which took us via the grounds of the Indemnity College. It was a memorable closing for the busy week, and but one of the evidences of the thoughtful interest of our hostesses for our pleasure.

Sunday was a day of rest with friends, new and old, in the city In the evening some wended their way to the Union Church, where a helpful sermon was preached by Dr. Fenn; and others attended the quiet, impressive service at the British Legation Church.

The last session of the conference on Monday, September 6th, was devoted to business, reading of reports, election of officers and committees, amendments to the constitution, and like matters. Votes of thanks were given to retiring officers, to our hostesses, and others who had contributed to a successful year and conference. It was voted to hold the 1916 meetings in September in Shanghai, and then to wait eighteen months for the next, convening at Foochow at Chinese New Year, 1918.

The session closed with prayer service and the members separated to return to their work with new inspiration and zeal, feeling that it had indeed been "good to be there."

M. L. S.

The officers for 1915-16 are: President, Miss Powell, Peking; Vice-President, Miss Gregg, R.N., Tientsin; Treasurer, Miss Chisholm, Shanghai; General Secretary, Miss Batty, C.I.M., Shanghai.

FROM THE FRONT

Some excerpts from letters from a Nursing Sister who was at La Panne, Belgium, will be of interest. Under date of June 15, 1915, she says:

I feel as though I had so much to write about I hardly know where to begin, so I'll start at the hospital. It was formerly the hotel. What used to be the dining room is now divided into three rooms, two operating rooms with a room between, where the patients are brought in on stretchers and wait until a table is empty. One room is called

"The Salle Septic," the other "The Salle Aseptic." Dr. Depage operates in these two. There are two tables in each room and they are rarely empty. All the big dressings from the whole hospital are done there too, either by Dr. Depage or his assistants, of which he has quite a number. There are lots of doctors here, among them six Americans (but we rarely see them). I forgot to tell you I am working in the aseptic theatre and just love it. All the nurses are Belge, and, of course the doctors. Not one of the nurses or doctors speaks English, so I had a pretty hard time at first and I guess they had too, but now I'm beginning to understand what they want, especially if they look at it when they ask for it. I hope I'll be left there. Dr. Depage and Dr. Jansen are both lightning operators. Sunday afternoon they did five new cases in one hour. We also did some hustling, keeping them supplied with things. We only have one little lone gas pot hole to sterilize everything for our two rooms, and the nurse from the receiving operating room has to come over to us to boil her things, so when you put something on you want in a hurry, when you come back its usually reposing on the floor, and someone else's things are on the "feu." There are four other operating rooms besides ours. They are in the pavilions that have been built around the main building. These are portable buildings one storey high, wood with metal roofs and wonderfully finished and complete. Most of them have two sides, with a hundred beds in each. A nurse is in charge of each side, with her nurses and orderlies quite separate. Then they have nurses in charge of the operating rooms, and all the dressings and minor operations are done there.

Well, I've written all this and have not yet told you about the terrible time we had a week ago on Sunday night. We were just nicely off duty when one of the new pavilions took fire. It had just been opened that afternoon by the King and Queen, and was called "The Albert Elizabeth." Luckily there were only thirty patients in the wards but the beds were all made and everything ready. It started about 9.15 and went, of course, like a matchbox. They called out the soldiers (who go to bed at 8.45), and they worked like heroes. They got everything out but four beds. They sat up on the roof and threw water in, until it seemed as though nothing could save them. They formed a line to the kitchen and passed pails and jugs until the water gave out. Then they formed a double line to the ocean, some of them standing up to their waists in water, and the things went up and down like clock work. Then the roof of the next pavilion started to catch so they had to take everything out of it. There were 300 patients as well as beds. This time all the beds were put on the beach from the 1st pavilion, so the patients were carried out and put on them. It looked so serious by this time that the doctors decided

every patient must go out. So you can imagine all that could go by themselves went and the rest were carried on stretchers, mattresses and in blankets. There were no lights, only a few candles, so you may picture the weirdness of it. For all the excitement not one was the worse for his trip out, and some were a good deal better.

It takes a long time to tell, but it took very little time after all, as the worst of it was over in an hour-and-a-half. The other buildings did not go, the men got up on the roofs and pulled off the pieces as they caught and put on wet blankets. Luckily the main building is five storeys high, and a house next to the pavilion was also five storeys high. The men were up there too, and pulled off a good bit of it, but saved the house. We had all the patients back in bed by 12.30. and we went to bed a pretty tired bunch. We had lots of dressings in the oper-rooms, cuts, burns, etc., but the "blesses," as they call the wounded, were sent on to the other hospitals as they arrived—poor things, it meant a trip of 25 miles more for them, and the ambulances are not the most comfortable things to travel in. We know, as we came from Calais (50 miles) in them.

June 16th.—We have had such a lot of terrible cases in since yesterday noon. They have been losing their legs and arms and hands like we'd throw away matches, poor things. This world is surely going to be a terrible place if this war doesn't end soon. These men are all such big, strong, healthy fellows and so young, most of them. If you saw the tiny little bits of shrapnel and bullets that work all this havoc you could hardly believe 'twas possible they could tear them up the way they do, and smash up their bones. The explosive bullets are terrible.

August 2nd.—There was some dreadful fighting yesterday. We could hear the bang, bang, bang all day. To-day we have had some dreadfully wounded men, it's wonderful how patient they are. Yesterday, at noon, they 'phoned from a little place, St. Idesbald, to say an aviator had landed there in his aeroplane. He was English, and had been to Bruges that morning, and while there the Germans had struck him (they're awfully good shots). The man in the aeroplane with him had done a dressing as well as he could, and he was trying to make the hospital when he got too dizzy to stay up any longer. Whoever 'phoned, said he could not get out of the aeroplane, if he did his leg would stay behind. So Dr Depage and some others hurried over with the necessities to amputate, but found they could bring him to the hospital, which they did. He has an awful leg, five inches of the bone was smashed to powder and his knee-cap off. Imagine what he must have suffered; they are all talking of his courage. Last night they were afraid he would die, but to-day he's some better. His name is Liddeel, he is about twenty-five and very bright and does

not think he has done anything out of the way. I wonder if you will see anything in the papers about him. I do hope he gets better. So many of the patients are infected from the pieces of their clothes that are carried in with the bullets and shrapnel, but his clothes would not likely have the germs on them that they get in the trenches. Yesterday a Belgian major died from general poisoning, and the only wound he had was a little one of the ankle. It's dreadful, isn't it? The Belgian doctors have been so nice to us—for Dominion Day they gave us a tea, and the next evening they presented us with a great big sheath of flowers, and one of them made a speech in English and told us how much they appreciated our coming over to them, and especially when we could be nursing either our own Canadians or the English soldiers. They are all anxious for us to stay, which is a nice pleasant feeling. The last p.m. I had, we walked to Adinkerke and went over the bridge on which King George and King Albert met, then we had a look at the barge Maxine Elliott has from which she gives soup and bread to the soldiers on their return from the trenches. She also gives out clothing for children, when the people bring a note from the Mayor. She was here one day to a concert and I got a very good picture of her talking to Dr. Depage. The Prince of Teck was living here for a time, but has gone back to England. He admired the Canadians very much, and I am told said he thought they were a very fine looking lot of women (we are very greedy of appreciation these days); I can't speak from experience, as I've been fortunate enough to have been with the Belgian nurses ever since I came, and they have been lovely to me. Yes, we wear the same uniform as the military nurses, but have white buttons instead of brass, as we have no standing. We chose the military uniform so that if any of the nurses wanted to join the contingents afterwards they would only have to get the buttons. A few would like to go to the Dardanelles, but the majority are coming home, I think.

The Royal Pavilion was opened on Sunday just eight weeks from the night 'twas burnt down. They have improved on the other. This time they made the centre wing half the size and have a lovely shelter now, where the beds can be wheeled outside; the men do love to be out so much. They have a space fenced off on the sands, and it's funny to watch the head nurses out at seven chasing their chickens in. They come just like children, dragging one leg after the other. It's very amusing to the onlookers but not so much probably to the persons taking part.

The next letter is dated September 15, 1915, at Juilly, France.

We left London Wednesday 10 a.m. and arrived in Paris, via Dieppe, at 2.30 the next morning, pretty well tired out. We

had a very hard time getting our papers, the French are so frightened of nurses, as they've had so many spies. However, we arrived. There is very little doing here just now. I don't know whether it's because there is no fighting or they don't want to send their patients or not, but I had a letter from one of the girls still at La Panne, and she says they are very quiet too. One can't believe a word in the papers.

This is supposed to be the most fertile valley in France. It's very beautiful, with its different colored fields and little villages nestling under or on the side of the hills. They say the farmers are very rich, certainly their places look like it. Such large old places, with lovely grounds. Have only been for two short walks so far. Yesterday I saw such an old chateau, more than half of it in ruins, very large, with peep-holes for guns all over it. The fence around it is all stone and very high. I was just dying to go in, or even get a look at the front, but couldn't, the grounds were so large. All these very old places have towers beside them with no windows. I suppose where they all fled to in times of war. Have come to the conclusion that that is what is the matter with England, she has been so protected by her navy for so many years that she can't realize any danger could come to her. There is certainly something wrong over there. They have not had to fight for every inch of land as the French have, and so often too. It's a study to notice the difference in the expression of the faces of the people over here and in England—there is tragedy written all over them here, while in England they think a Zeppelin raid a fireworks show.

I discovered to-day that the first of this place was a monastery, built by the Capuchine monks, in the 11th century, made into a school in the 16th century, and added to in the 18th century. The wing that is now the hospital is the newest part. At one time they had about 500 boys. There is quite a nice chapel. There are several sisters who look after the boys, one of them often comes over to see the "Blessis." She was a military nurse for nine years, until the Government turned them out. She told us yesterday that "Apres le guerre," the Government were going to reinstate them. How all are looking forward to "Apres le guerre." I hope 'twill be the heaven they expect. My "Blessis" are coming back, so must go and see about them. Twenty-nine went for a motor ride and a picnic to the Mayor's grounds.

MISS EDITH CAVELL.

Editorial

EDITH CAVELL

The deliberate and cold-blooded murder of Edith Cavell, the English matron of the Belgian Training School for Nurses, in Brussels, by German officials, has roused the indignation and called forth the condemnation of the civilized world. Nurses everywhere have felt personally bereaved, and have sought to honor the memory of this nurse martyr.

The Memorial Service, held in St. Paul's on Sunday evening, October 31st, under the auspices of the Toronto Chapter of the Graduate Nurses' Association of Ontario, was a fitting tribute to this noble woman. The nurses (some 600) occupied the centre front of the church, and immediately behind there were about three hundred representatives from the nine military units of the city. The vast edifice was crowded to the doors, many being unable to gain admission.

"He saved others, Himself He cannot save" was the text of a powerful and inspiring sermon by the Ven. Archdeacon Cody, D.D., Nurse Cavell had saved others, herself she could not save. Dr. Cody paid a tribute to Mr. Brand Whitlock, the United States Ambassador, who had done all in his power to prevent the murder.

"From Brussels comes the voice that is echoed around the world, "Remember Edith Cavell," remember womanhood, remember sisterhood, remember motherhood, and remember the tyranny of the enemy. But the results of the life and death of Edith Cavell will last—last beyond that great and glorious day when Europe will have freed itself of tyranny. Whatever material memorial may be erected to her the name of Edith Cavell will always remain an inspiration and her name will be among the immortals."

Following the sermon the big organ played the Dead March in Saul, which was followed by the sounding of the Last Post. Hundreds in the street stood with bared heads and paid tribute with those in the church.

But this is only one way in which nurses are privileged to honor this noble, patriotic and self-sacrificing woman. We can always honor her by following in the path of true, devoted service wherever our work may lie. Not all are called upon to be martyrs, but all are called upon for loyal, true, whole-hearted service, and nothing less all the time can mould the character so that in the hour of trial it will be ours to have the quiet, brave, unflinching courage of Edith Cavell.

CHRISTMAS

We are nearing the close of another year. Another Christmas season finds us still in the grip of this awful war that has brought desolation to so many hearts and homes. All the greater need, then, for the spirit of service which ever delights in giving joy and happiness to someone.

Our Christmas wish for our nurses at home and abroad may be fittingly expressed by Raymond's petition: "Author of Life and Architect of the Universe, we commend ourselves to Thy keeping. Grant to us a better understanding. Help us to be noble women. Give us a clearer view. May we observe Thy presence in everything. Enlarge our vision, widen our horizon. Let us dwell on thoughts that lift and live. Open our ears to the music. Give us decision. May we grow and rise daily to higher things. Make us considerate. May we honor those who are doing their best. Give us the thankful spirit. Fill our hearts with a noble discontent, the discontent that will cause us to move to better things. May we hold every day sacred. May we hold our honor sacred. And, should we become careless, just remind us. Should we forget our high destiny and become wrapped up in our playthings, then gently take them away."

NURSES' ASSOCIATION OF CHINA

The report of the conference of the Nurses' Association of China makes interesting reading. Their problems do not differ greatly from ours. Their evident optimism and courage in facing them is commendable. If all problems were faced thus, they would soon disappear. The workers there are "making a life" that is truly worthy.

There is one note struck that should be sounded loud in Canada: "Beware of understaffing your hospital lest you be forced to lower the grade of your work." The difficulty of obtaining a sufficiently large staff to carry on the whole work of the hospital efficiently seems to confront many workers. This difficulty is even greater in that most vital part of the hospital—the Training School for Nurses. So often the superintendent, a nurse, is expected to be housekeeper, bookkeeper and collector, operating-room nurse, the only nurse teacher, in addition to her duties as superintendent. It is utterly impossible for one person to do efficient work in all these departments. The result is "demonstrations and lectures are given when convenient." In other words, the pupil nurses are the sufferers. Is this right? Is this fair? These young women give willing work to the hospital for three strenuous years in full expectation of receiving a good training in return. In all fairness they ought not to be disappointed.

And who is responsible for this undesirable state of affairs?

Not the superintendent, who is putting forth herculean efforts to overtake all the work expected of her. It is the hospital boards that are responsible. They should be aroused to a realization of the fact that they are **treating very unfairly these very young** women who are doing so much to make the hospital possible. It is high time steps were taken to open the eyes of hospital boards to their responsibility in this matter.

"Beware of understaffing your hospital lest you be forced to lower the grade of your work."

THE GOVERNMENT COMMISSION

The appointment, by the Ontario Government Board, of a Commission to enquire into and report upon medical education, also the present status, methods of examining, licensing, etc., of all those who have any relation to the practice of medicine, including nurses, gave the nurses a good opportunity to present to the Commission the needs of the nursing profession. As the time was limited in which to file a request for a hearing, the executive had to call a special meeting to make arrangements. The report appears in the Association's page and should be read by every nurse in Ontario, whether she is a member of the Association or not.

Here again crops up the handicap caused by the lack of complete organization. If all nurses were interested in their profession to the extent, at least, of identifying themselves with existing organizations, work like that undertaken by the committee would be comparatively easy. But there are always those who hold aloof, who seem to think their little part doesn't count for much and will not be missed. No error works such mischief, for it always means weakness where there should be strength.

But any nurse interested in this subject, whether she has done her duty by the profession in the past or not, now has the opportunity of helping in this good work. The request of the committee should not be allowed to pass without some response. Have you a suggestion? Send it at once to the secretary. The next hearing may be called at any time, so don't delay any suggestion or any assistance you may find you are able to give the committee.

THE GRADUATE NURSES' ASSOCIATION OF ONTARIO.

(Incorporated 1908.)

President, Miss Kate Madden, Supt. of Nurses, City Hospital, Hamilton; First Vice-President, Mrs. W. S. Tilley, Brantford; Second Vice-President, Miss Kate Mathieson, Supt. Riverdale Hospital, Toronto; Recording Secretary, Miss E. McP. Dickson, Supt. of Nurses, Toronto Free Hospital for Consumptives, Weston; Corresponding Secretary, Miss Isabel Laidlaw, 137 Catherine St. N., Hamilton; Treasurer, Miss E. J. Jamieson, 23 Woodlawn Ave E., Toronto.

Directors: Jessie Cooper, Ina F. Pringle, J. G. McNeill, J. O'Connor, E. H. Dyke, L. M. Teeter, M. J. Allan, M. L. Anderson, S. B. Jackson, Isabel R. Sloane, and G. Burke, Toronto; Mrs. Reynolds, Miss Simons, Hamilton; Bertha Mowry, Peterboro; C. Milton, Kingston.

On October 20th, 1915, a special meeting of the executive of the Graduate Nurses' Association of Ontario was called to consider the advisability of the Association appearing before the Medical Commission, recently appointed by the Government to report upon all matters relating to Education for the Practice of Medicine in the Province of Ontario; the present status, methods of examining, licensing, etc., of all those who have any relation to the Practice of Medicine, including nurses.

It was decided that this was an opportunity not to be lost and a committee was appointed as follows: Mrs. Clutterbuck, Miss Gunn, Miss Crosby, Miss Stewart, Mrs. Pafford, Mrs. Tilley, Miss Eastwood, Miss Jamieson, Miss Mathieson, Mrs. Pellatt, and Miss Dickson as convener.

Four special meetings of the committee were held, and the delegation appeared before the Commission on November 2nd, 1915, with about two hundred nurses present.

Miss Dickson made the introductory statement, showing, by extracts from information submitted, the great necessity for uniformity of training, examination and registration of nurses of the province, and the lack of proper assistance given to many hospital superintendents for the training of pupils, etc.

Miss Bella Crosby then spoke on "The Field Occupied by the Graduate Nurse in the Community."

Miss Gunn then gave on behalf of the Association the following "Suggested Plan for the Regulating of the Training, Examination, and Registration of Nurses."

1. That the department of the Provincial Government by which Training Schools for Nurses are controlled shall appoint a Council of Nurse Education composed of seven members, two of whom shall be

physicians connected in a teaching capacity with an approved training school for nurses and recommended by the Ontario Medical Association, and the remaining five members shall be nurses recommended by the Graduate Nurses' Association of Ontario.

2. That all subsequent appointments to the Council of Nurse Education be made in the same way as the original appointments.

3. That a secretary be appointed from the nurse members of the Council of Nurse Education, an office provided in the Parliament Buildings, and a suitable salary paid.

4. That an Inspector of Training Schools be appointed, the appointee be a nurse recommended by but not a member of the Council of Nurse Education. That her expenses and a suitable salary be paid.

5. That uniform examinations prepared by the Council of Nurse Education be held twice a year in theoretical and practical nursing at centres convenient for nurses in different districts, such as: Fort William, North Bay, Ottawa, Kingston, London, and Toronto. The practical examinations to be held in a hospital in the district in which the examination is being held. That the Council of Nurse Education appoint two nurse examiners in each district for a certain period of years, whose duty it shall be to examine the candidates in practical work and to act as presiding officer at the written examinations. That all written examination papers be examined by the members of the Council of Nurse Education.

6. That a record be kept by the secretary of all nurses meeting the above requirements, and some form of designation be adopted.

7. That all nurses who have graduated from or are at the present time in training in any training school approved by the Council of Nurse Education, shall be allowed to use the designation agreed upon without examinations and to become registered as thoroughly qualified nurses.

8. That all details necessary for the successful working out of the plan be left to the Council of Nurse Education.

The above plan, if adopted, would necessitate the payment of two salaries, the expenses of which would be partially met by the collection of examination and registration fees.

It is the hope of the nurses of Ontario that after uniformity of training has been successfully introduced, some way will be opened to establish a chair of nursing in one of our Provincial Universities, thus enabling Canadian nurses to extend their education along broader lines and to feel that in our country we can obtain any education in nursing to which our ambition may lead.

After the views of the Association had been presented, Mr. Justice Hodgins made the following statement:

"I might say that I think it is a great deal to the credit of the

nurses that they have taken the matter up in such a practical way. In fact, they are the first body that has so far appeared before the Commission with any definite scheme which they want put into operation. It seems to me that the matters you have so ably dealt with to-day are things that will require to be met in some way, and the information you have given me to-day is not only very interesting but also extremely valuable to me."

This, of course, was only a preliminary hearing, and there will be much for the committee to accomplish before any definite result can be expected, and the profession is requested to assist by supplying promptly any information asked for, which will facilitate the work to this end. The committee will welcome any suggestions from nurses who may be interested. These may be sent to the secretary, Miss E. MacP. Dickson, Toronto Free Hospital, Weston, Ont.

"War Work for the Winter"—

The National Relief Committee is shortly to issue a booklet entitled "War Work for the Winter," containing information as to the needs and scope of all the societies represented upon it—Red Cross Society, St. John Ambulance Association and Brigade, and the National Service Committee. This should give a manual for all workers in a handy form. Its production has been delayed by the loss of certain instructions from England, which went down in the Arabic's mail bags.

"Not a Single Box or Bale Lost"—

The commissioner is able to give the proud report that not a single box or bale consigned to our Canadian depot in France has been lost. This statement should answer the very frequent questions which come to the head office about the possibility of forwarding goods to France. Very often we are asked whether it is best to send them through the Red Cross or "direct to the hospitals." We answer with confidence that there is no more direct and not any equally safe way of consigning goods to our Canadian Army Medical Corps as through the Red Cross, which has its system of orderlies to supervise the arrival and departure of all goods at all Canadian Red Cross depots. On the other hand we would repeat again the warning given by our commissioner in our last *Bulletin* that the Red Cross Society is not an express or freight company for the carrying of goods designated to certain persons. The Canadian Red Cross Society is a branch of a great international organization for the relief of the sick and wounded, collecting goods and distributing them according to the discretion of its executive committee as advised by its responsible commissioners at the Front.

The right channel by which persons should send individual parcels to their friends is through the General Post Office or by express at their own charge and not at the public expense.

THE CANADIAN NURSES' ASSOCIATION AND REGISTER FOR GRADUATE NURSES, MONTREAL

President—Miss Phillips, 750 St. Urbain St.

First Vice-President—Miss Colley, 23 Hutchison St.

Second Vice-President—Miss Dunlop, 209 Stanley St.

Secretary-Treasurer—Miss Des Brisay, 16 The Poinciana, 56 Sherbrooke Street West.

Registrar—Mrs. Burch, 175 Mansfield St.

Reading Room—The Lindsay Bldg., Room 319, 512 St. Catherine St. West.

The monthly meeting was held on Tuesday, November 2nd, when a most interesting lecture was given by Dr. MacMurtry on medical work in China. It was illustrated with very fine slides, and the doctor showed a number of photographs and Chinese instruments to the members at the close.

It was a pleasure to welcome Mrs. Shurman and Miss Fisk, both of whom have been absent for a very long time owing to illness.

Miss Kent and Miss Hulme, delegates from London to the congress in San Francisco, were in town for a week. The former gave the members of the Guild of St. Barnabas a brief account of the meetings, which was listened to with a great deal of pleasure.

To steel our souls against the lust of ease;
To find our welfare in the common good;
To hold together, merging all degrees
In one wide brotherhood.

To teach that he who saves himself is lost;
To bear in silence though our hearts may bleed;
To spend ourselves, and never count the cost.
For others' greater need.

This be our part, for so we serve you* best,
So best confirm their prowess and their pride;
Your warrior sons to whom in this high test,
Our fortunes we confide.

*Our Country. —OWEN SEAMAN.

The rural nurse has come to stay. This is a triumph for the trained nurse and also for the rural communities. There is a big problem to be solved in the rural districts, and now is the time for those interested to work. The problem is not only to supply trained, safe help for those who are ill, but, also, to prevent disease and weakness by giving sensible and timely advice to all, so that the children will grow up knowing how to care for themselves, knowing the simple, hygienic principles of right living, of which they are wofully ignorant at present.

There was a danger at one time that the trained nurse might step aside and let others do this work or leave it undone. The trained nurse was said to be too fond of the hum of the city, too fond of the homes of luxury and wealth, to be willing to desert them for the plain homes of the sterling people, who mean so much to our country. That danger is almost—we should like to say, wholly—passed.

The last year has demonstrated in many districts just what Victorian Order nurses can do in the rural parts, and this summer it has been with the greatest satisfaction that we have heard the praises of our country nurses ring throughout large areas.

And what are some of the secrets of that success? We found that the nurse who is first and foremost a good, kindly and sincere woman is the one who is needed—the woman with ideals, who has never had time for the little pettinesses and affectations, which so often mar our women in all walks of life. Next, the woman who is well-poised, who knows her business, and goes about it without any bluster, is the one to inspire confidence and hence to reach the most people. And the nurse who is not forever thinking of her dignity, and should she do this, or should she not, will not do much good anywhere, least of all in a country district. We have in mind two nurses—the one said she objected to carrying water when the lazy men were there to do it. The other never had to even hint that she needed water—everyone

was trying to "help nurse" in some way, and so it goes. The right kind of nurse puts new life into a community, and brings out the very best that is in each one in that district.

The satisfaction that comes from good work accomplished is the nurse's in the rural districts. She goes in, everything is to be done, the field is hers and piece by piece she takes up the work—the practical nursing, the pre-natal and child welfare work, the talks to the mothers, the teaching in connection with contagion, the school nursing, and the talks to the girls and boys and the hundred and one little private talks with those in trouble, who instinctively seek out the nurse—all help to endear her to the whole community, and unconsciously, she is moulding the people, so that ere long, the community will have a higher health standard, and, consequently, a higher moral standard than ever before. Is that worth while?

HOSPITALS AND NURSES

Ontario

Miss Beatrice Kent and Miss Hulme, of London, England, were guests at the Toronto Graduate Nurses' Club on their way home from the San Francisco Congress, to which they had been delegates. They forged another strong link in the chain which binds together the nurses of the old land and the new.

The regular monthly meeting of Victoria Hospital Alumnae Association, London, was held on Tuesday evening, November 2, 1915. in the Nurses' Parlor. Dr. Hadley Williams, one of our leading surgeons, delivered a very interesting address on "The Advanced Methods of Preparation and After-treatment of Surgical Cases."

A committee was formed to confer with the Local Council of Women and arrange with the Rev. Canon Tucker for holding a memorial service for the martyred Edith Cavell.

After the close of business, Miss Stanley entertained those present to a pleasant dance and refreshments.

Peterboro.—The annual meeting of the Nicholls' Hospital Alumnae Association was held in the Board Room of the Public Library on October 22, 1915. The following officers were appointed: President, Miss B. Mowry, 588 Charlotte St.; Vice-President, Miss S. Wood; 2nd Vice-President, Miss M. Gordon; Secretary, Miss E. Davidson, 563 Park St.; Treasurer, Miss Walsh; The Canadian Nurse Representative, Miss M. A. Ferguson.

The following recent graduates were received into membership: Miss Marguerite Hamner, Lila C. Roberts, Edith G. B. Howson, Gertrude M. Fife, Effie A. Empey.

A committee was appointed to purchase Christmas gifts for our overseas nurses.

Misses Mowry and Walsh have passed their examinations very creditably, and are again with us awaiting the call to go for overseas service. Miss F. Dixon is leaving shortly for Montreal. We shall miss her.

The regular monthly meeting of the Alumnae Association of the G. & M. Hospital, Collingwood, was held at the Hospital with a good attendance. After the close of routine business, the members arranged for a special meeting when a lecture on Public Health will be given. In future all meetings will be devoted to the making of Red Cross supplies.

Miss Beaton has returned from Mindemoya, Manitoulin Island, where she has been nursing.

Guelph.—The graduating exercises of the Guelph General Hospital were held in the Nurses' Residence on Friday, October 15, 1915, when the nurses received diplomas.

Mr. G. B. Ryan was chairman for the evening. He gave a short review of the work the hospital had done from a small beginning until the present time.

Ven Archdeacon Davidson addressed the graduating class in a most acceptable manner.

Dr. A. McKinnon administered the Hippocratic oath and presented the diplomas.

Dr. Roberts presented the badges.

Music by an orchestra and several solos were given in a most efficient style and the whole ceremony passed off most successfully. Refreshments were served by the pupil nurses, and a very enjoyable social hour was spent.

Miss Willoughby and Miss Cross took the highest percentage in examinations, and will be presented with silver thermometers at the next meeting of the Alumnae Association.

The graduates are: Misses Myrtle L. Howe, Cassie Willoughby, S. S. Livingstone, Emma B. Bayne, Pauline G. Essery, Margaret Densman, Hope Cross, Eileen P. Schant, Ella Ziegler, Esther Donellan.

Miss Emily Eisele, graduate of the Guelph Nursing Hospital, has been appointed to organize School Nursing in New Liskeard, New Ontario.

The Kingston Chapter of the Graduate Nurses' Association of Ontario held its regular meeting on October 12th. Several interesting letters were read, and there was considerable discussion about the "eligibility clause" of the Association.

A very interesting letter was read from one of the Canadian nurses on the Island of Lemnos, Dardanelles, telling of the lack of supplies and food for the patients and nurses. Since that time the chapter has sent several boxes of food supplies and more will follow.

Any contributions will be gladly received at any time by the secretary-treasurer, Miss F. Hiscock, 117 William Street, Kingston, Ont.

The Alumnae Association of Kingston General Hospital held its regular meeting on November 2nd. There was a large attendance. Several schemes for raising money for Queen's Stationary Hospital were discussed. It was decided to have a tea and sale on Friday, November 19th. It is hoped we will realize a goodly amount.

The regular monthly meeting of the Central Registry Committee was held at the Nurses' Club, 295 Sherbourne Street, Toronto, on November 1st, 1915.

The total calls for the month of October were 340, of these 206 were hospital calls.

The financial report showed a total balance of $1,589.75.

The Wellesley Hospital Training School for Nurses, Toronto, held its first graduating exercises on October 15, 1915. Sir William Mulock, president of the Board, acted as chairman. The Rev. Alfred Gandier, D.D., gave the opening prayer. After a few brief remarks, the chairman asked for the report of Miss Elizabeth G. Flaws, Superintendent of the Hospital. A summary of the three years' work was given by Miss Flaws from the opening of the hospital on August 26th, 1912, up to the present.

A highly inspiring address on the ideals and ethics of the nursing profession was given by the Venerable Archdeacon Cody, who traced the history of nursing from the early Roman days to the present. Lady Hendrie distributed the diplomas and school pins.

The Sir John Eaton scholarship (senior year) for general proficiency went to Miss Mina Ferguson.

The Herbert A. Bruce scholarship for proficiency in operating-room technique was won by Miss Ruth Downey.

The Sir William Mulock scholarship in the intermediate year, for general proficiency, was won by Miss Helen Carruthers and Miss Clara Young, both being equal. The same happened in the Sir Edmund Osler scholarship, junior year, for general proficiency. Miss Mabel Foster and Miss Hazel MacInnes being equal. The donors presented the prizes and announced that instead of splitting the award, they would double it, so each nurse received the full reward.

After singing the National Anthem, the guests were asked to remain for a cup of tea. Tables in the sun parlor and the library were beautifully decorated with flowers. The graduates received the congratulations of their friends.

The graduates are: Misses O. Edna Bastedo, Ruth Rogers Downey, Ethel Mary Hogaboom, Margaret E. Duncan, Jeanette Simpson, Mary Willimina Ferguson, Anna M. Stedham, Laurie K. Stinson, Gladys Burns Herod, Clarissa Chapman MacNeill.

An alumnae was formed of the graduates, with Miss Flaws as

honorary president; Miss Laura K. Stinson, president; Miss Ruth Downey, vice-president; Miss Anna Stedham, secretary-treasurer.

Miss Helen Rennie, graduate of Johus Hopkins Hospital, has been appointed assistant superintendent at the Wellesley Hospital, Toronto, and Miss B. Wilkins, J.H.H., one of the head nurses.

Miss Goalay, who has been in Montreal for several years, has returned to Toronto to take up private nursing.

Miss Nicol, who has been at the Baby Hospital, New York, has returned to Toronto.

The corner-stone of Port Hope's new $25,000 hospital was laid on October 9, 1915. The building is to be ready for occupation in March, 1916.

At the regular monthly meeting of the Central Registry Committee, the following reports were submitted for the summer months: Calls for July, 292; August, 262; September, 238; total balance, $1,586.80.

The St. Michael's Hospital Alumnae Association held a very successful miscellaneous shower on October 26th, afternoon and evening, for the nurses and doctors with the University Base Hospital. The Sisters and pupil nurses also contributed generously. The hospital drawing rooms were tastefully decorated with the flags of the Allies, and refreshments were served by the senior nurses.

The Alumnae Association of St. Michael's Hospital held their first meeting for the year on October 18th in the lecture room of the hospital. There was a fairly large attendance, and much business was disposed of. The discussions were free, and we hope the interest will continue to grow.

Miss Catherine Cuthbert (S.M.H.) has returned to Toronto after an absence of a year and a half.

Quebec

Miss Dorothy Cotton, class '10, R.V.H., Montreal, who has been with the McGill Hospital in France, has been asked to represent Canada in the Anglo-Russian Hospital, Petrograd.

Miss Clint, graduate R.V.H., Montreal, writes most interestingly, as usual, of her journey to the Dardanelles, where several hospital units were ordered in August. A card from her, dated October 9th, shows that she is on the Island of Lemnos, where the conditions have been, it is to be feared, very terrible, and the work exceedingly heavy. But she writes cheerfully as they all do, only too happy to be able to do work where it is so much needed.

Miss Josephine Armstrong, class '12, R.V.H., Montreal, is at the Queen's Military Hospital at Shorncliffe. Miss Edith Stuart and Miss Lamont, graduates R.V.H., Montreal, who are among the volunteer nurses at La Panne, have now joined the McGill Hospital in France.

Mrs. MacDonald (Miss Whelply, class '14, R.V.H., Montreal),

writes pleasantly of her new home in Shawinigan Falls, P.Q., where her husband, Dr. Dalraddy MacDonald, has a well-appointed small hospital.

Miss Sinclair, class '14, R.V.H., Montreal, is at present with her sister in Cornwall, Ont., where she seems to be leading a pleasant "out-of-doors" life, riding, etc.

The monthly meeting of the Alumnae Association of Montreal General Hospital was held on the evening of October 8, 1915, in the S.O.R. After the business was disposed of, a most interesting address was listened to, given by Dr. Thornton, head of the department of dentistry at McGill University and also at Montreal General Hospital.

Miss Moores, class '12, returned to the city after several months' visit to her home in Newfoundland. She has since gone to Quebec city to take the military training.

Miss Ketchen, of the Hospital staff, who was indisposed for a time, is back on duty again.

Miss Caldwell, class '10, is at present enjoying a holiday at her home in Arnprior, Ont.

Miss Dewar, class '09, took charge of the infirmary of Goodwin's Ltd., on November 1st, relieving Miss Jean Wilson, class '09, who has held the position for two years.

We are sorry to hear that Miss Vipond, class '12, will be laid up for some time, having severed the tendon of her forefinger in an accident.

News from our four nurses at the Dardanelles, viz., Capts. Upton and Forbes, Lieuts. Holland and Galt, tell us that they have been undergoing many hardships, especially for lack of palatable food, but the latter has improved very much lately, as Sister Upton had been appointed head of the mess committee. The nurses lament the great lack of food and comforts for the poor wounded soldiers.

The Misses Gordon, recent graduates, have returned to the city after an extended holiday.

Miss Kathleen Brock, in charge of private ward at M.G.H., has been away for a two months' much-needed rest, touring Western Canada and other places of interest. She is back on duty with more zeal than ever.

Miss Barbara C. Macnaughton, class '01, who has spent the past five years as Methodist missionary in China, is home in Montreal on a six months' furlough. She is, I understand, giving a course of lectures and is now in Ottawa, Ont.

On October 28th, Miss Dewar gave a miscellaneous shower in honor of Miss Jean Wilson, who is to be married the latter part of November. We all join in hearty good wishes, as Miss Wilson has been a very active and popular member of the Alumnae.

Miss Vivienne Tremaine, class '07, matron of No. 1 Canadian Casualty Clearing Hospital, "somewhere in France," had the honor of accompanying King George on his journey home from France. She obtained her military training at Quebec Military Hospital, heading the list of the graduating class, and received the appointment of matron, and left with the first contingent. Miss Tremaine's home is in Montreal.

Miss G. H. Colley, our president, who is a member of the Voluntary Aid Detachment, deserves great credit for having taken charge of the Khaki Military Convalescent Home, Belmont Park, every day since August 21st, and intends continuing indefinitely. As assistants she has three V.A.D. sisters on duty, a month at a time, from 9 a.m. till 1 p.m., and three others from 2 p.m. till 6 p.m. These are young ladies who have taken the first-aid course. A guard is on duty at night. There are twenty patients in the home at present. Over five hundred soldiers, wounded and medically unfit, have been accommodated for meals and bed, on passing through for their homes in Western points. These men are met at trains or boats by autos, conveyed to the Home and afterwards taken to their trains and made comfortable for the remainder of their journey. The Government allows 75 cents a day for the maintenance of these soldiers, but the added donations of food etc., make the accommodations luxurious for the men. The military home will no longer entertain the travelling soldiers as the new Khaki League Club, on Dorchester St., has just been opened for that purpose, as well as a recreation for soldiers sojourning in the city.

The Khaki Military Convalescent Home will hereafter only be used for sick and wounded soldiers who are convalescing.

Miss H. McLennan, class '14, has returned to the city, having spent the past three months at her home in Sydney, C.B., and the previous nine months travelling with a patient in the United States.

Mrs. C. Jones, graduate of Montreal Women's Hospital, class '15, has gone to Europe with the Quebec Military Corps.

Miss A. Heggie, class '15, Women's Hospital, Montreal, is taking a post graduate course at the Polyclinic Hospital, New York.

The graduation took place recently at the Montreal Women's Hospital of the following nurses: Misses J. Allen and C. Bryant and Mrs. P. E. Morgan. Diplomas were presented by Dr. Reddy and medals were pinned on by Miss Gall, graduate of the Montreal R.V.H., who also related some of her recent interesting experiences at the front. The Nurses' Home was artistically decorated with flags and flowers, gifts from friends of the graduating nurses. A musical entertainment, dancing and refreshments, made up an enjoyable though informal evening.

Quotations from letters written by one of our McGill Hospital nurses in France will be interesting. In speaking of one of the ward tents, of which she is in charge, she says:

"This tent is so pretty, it is tan with dark brown edges. One afternoon last week I went into Boulogne and got a golden brown sateen to cover the packing cases; so I have the linen cupboard curtained with it, also dish cupboard (both the same size and in which my orderly put shelves); then my medicine chest, a lower long one with a small one on top, the top for medicines and the lower for dressings and supplies; then still another with oilcloth on top for a washstand. I got a nice light blanket for my desk-table and made a blotter with a bit of blue and brown chintz (which I had left over from my own tent decorations) and a flat piece of asbestos. Now, all these boxes curtained with brass tacks and the brown sateen, the tan walls of the tent, and the blue dresses of the sisters; does it not sound attractive for a tired soldier?

"Some of the other tents are black and white, blue, yellow and black, etc. One next door is a pretty light yellow with black peacock feathers all over it."

In speaking of her private tent she says:

"The morning dawned bright and beautiful and I threw back our tent flap to look out on the most beautiful line of hills. My tent is in the very last row and there is nothing between me and the hills except fields of grain and red poppies. High up on the hills sheep are feeding and three white horses also. Have been all over the topmost points and the view from there is beautiful—first the fields, then the sea of tents, then the village, and beyond that the sand dunes and the sea. Our tents are half-way between Camiers and another pretty little village, Dannes: to either place we often walk."

"Yesterday four of us took a small motor and went to Montreul, where we had dinner and met an Imperial Officer I know. He took us all over the huge Indian Hospital, and really it was most interesting. There are only two nurses in the place and they are in the operating room. It is against the Indian principles to be nursed by women. We saw their kitchens, where they keep their stores, their butter called "Ghee," which is sacred and with which they smear their dead before burial. There are all sorts of castes there and they are so handsome with wonderful features. One man, a Gurkha, showed us his knife, called a "Khurki," a most murderous-looking weapon. They are supposed to draw blood every time it is shown. I asked the owner if he had ever killed anyone; he had not been to the Front, but a most satisfied smile came over his face and he said 'Yes.'

"On another day several of us went in an automobile to Hardelot Castle, fifteen miles away—such a pretty drive through the villages of Camiers, Dannes, Neuve Chatel and Hardelot, quaint little houses, and

the roses growing everywhere on the old stone walls to the castle gates. The lodge is sweet with a quaint little garden full of lovely bloom; then a long drive to the entrance gate, which in ancient times possessed its drawbridge and portcullis. These have long since disappeared and the gate is covered with ivy and the moat is filled in. The original castle was built in 811 A.D., but only the walls and dungeons of this date remain. The present castle was restored in 1223 A.D. Inside the gate is the little enclosure in the wall which formed the guards' room, in the olden days, and in which, through several apertures, he was able to command the entrance to this stronghold of an ancient family. The guide met us here and took us up steep old stone stairs, ivy grown, to the top of the wall which at an early date had been reinforced by five towers—four only remain. Here a shiny-leafed ivy falls over the parapets and creeps along the top of the wall. From here the view is wonderful, for one looks down on a valley through which a pretty little river flows, and beyond that are the Hardelot Woods. From here we came down to the inside of the wall to see the old ivy trunks grown through the centuries to the size of a man's arm, and in walking around the west side we came to the dungeon gate, and entered these gloomy prison cells (no windows anywhere), which we explored by the aid of a candle. Only fifteen years ago, in knocking down a ruined wall, an inner dungeon was discovered here, and a skeleton which had in life been chained to the wall.

"Napoleon I used these dungeons for some of his prisoners, and during the writing of the 'Tale of Two Cities,' Charles Dickens spent many months in this castle collecting ideas and information. After we once more came into the sunlight we returned to the front of the castle and climbed to the top of another wall, and from here the view was beautiful also, looking down on a modern golf course."

Miss Winnifred Ord, graduate of Sherbrooke Public Hospital, has left for Vancouver, where she expects to remain at least a year.

Miss Helen Hetherington, J.H.H., accompanied by her mother, is spending September and October at Lake Beauport, Que.

Miss Gladys Van, S.P.H., left recently for Indianapolis, Ind., on a visit to friends.

The new Civic Hospital for contagious diseases, at Quebec, was officially opened on September 30, 1915, in the presence of a large gathering of distinguished citizens. Ald. Dussault, chairman of the Civic Health Committee, opened the inauguration ceremony with an address of welcome to His Worship, Mayor Drouin. The Mayor responded and asked Cardinal Begin to bless the institution. Addresses were given by His Honor the Lieutenant-Governor, His Eminence Cardinal Begin, Dean Shrene, and Dr. Art Simard. The hospital has 44 beds and is under the direction of the Grey Nuns. Sister St. Gertrude is the Superior.

Nova Scotia

The annual meeting of the Nova Scotia Graduate Nurses' Association was held in the Nurses' Residence of Victoria General Hospital, Halifax, on October 16, 1915. There was a very large attendance. In the absence of the president, Miss V. L. Kirke, the chair was taken by the honorary president, Mrs. Wm. Forrest. After the invocation by Dean Llwyd, Mrs. Forrest gave a brief introductory speech and read a letter from Miss Kirke, which was enthusiastically received.

The secretary's report showed that the volunteer movement of the nurses for duty at the front had considerably affected the attendance at the monthly meetings. Twenty-seven members are on military duty, a number of these being at the Front.

Twenty-two new members were received during the year, one of these by examination.

With the consent of the Governor-in-Council, the condition of membership by which the applicant must be graduate of a 40-bed hospital, has been changed. She must now be a graduate of a 50-bed hospital. The object is to exclude from membership all who are ineligible for military duty, the minimum required being 50 beds.

Through the courtesy of the staff of the Children's Hospital, the annual examinations were held there.

A number of inquiries have been received from other Provincial Associations as to admission to membership by examination, and it seems probable that they will adopt this method.

Mrs. Forrest and Sister Pope have kindly consented to discharge the duties of the President until some one is appointed to fill Miss Kirke's place. The elections to the other offices are as follows: Secretary and Registrar, Miss E. M. Pemberton(re-elected); Treasurer, Miss Frances Fraser; Secretary Benefit Fund, Miss McKiel. Miss Mellifont was elected to fill the vacancy on the Benefit Fund Board, created by Miss Kirke's resignation.

Provincial Vice-Presidents, Miss Sheraton, New Glasgow; Miss Kirkpatrick, Truro; Miss Sampson, of the Nova Scotia Hospital.

Mrs. Bowman, Superintendent of Nurses, Victoria General Hospital, was elected to the Executive Committee.

After the business was transacted there were fine choruses by nurses of the training schools of the Victoria General Hospital and of the N. S. Hospital, and two beautifully rendered solos.

Mrs. Mader gave a most interesting address upon the work at the Infants' Home, and emphasized the fact that the personality of Miss Anna Fraser, the superintendent, who is a trained nurse, has wrought wonderful things at that institution. It was decided to make a contribution to the Home, which is doing so noble and far-reaching a work.

THE NURSES' LIBRARY

A Nurses' Handbook of Obstetrics. By Joseph Brown Cooke, M.D., Fellow of the New York Obstetrical Society, etc.

Seventh edition, revised and reset by Carolyn E. Gray, R.N., Superintendent of City Hospital School of Nursing, Blackwell's Island, New York City, and Mary Alberta Baker, R.N., late Superintendent of St. Luke's Hospital, Jacksonville, Fla. Crown 8vo., 475 pages, over 400 illustrations. $2.00 net.

The occupying of this field of work by trained nurses would do much to lessen infant mortality, but too often nurses realize neither their responsibility nor their opportunity for service. Training schools usually think their duty done when the nurse is master of the knowledge and correct technique that will enable her to do her work successfully. Might they not go further and seek to awaken the nurse to a sense of her responsibility for the proper care of the patient and her opportunity to conserve life? This very complete and practical textbook, written especially for the City Hospital School of Nursing, gives the nurse the very thorough knowledge she needs, and also information and statistics calculated to awaken her to a sense of her responsibility.

Occupation Therapy, a Manual for Nurses. By William Rush Dunton, Jr., B.S., M.A., M.D., Assistant Physician at the Sheppard and Enoch Pratt Hospital, Towson, Md.; Instructor in Psychiatry, Johns Hopkins University.

12mo., of 240 pages, 43 illustrations. W. B. Saunders Company, Philadelphia and London. Cloth, $1.50 net. The J. F. Hartz Co., Ltd., Toronto, Canadian Agents.

Convalescence is often the most trying time for both patient and nurse. To know how to keep the patient suitably and happily employed is a problem. Dr. Dunton furnishes just the help the nurse needs by his explanation of the general principles of occupational therapy and by giving a number of special directions which will prove most valuable in applying these principles. Nurses will find this work most helpful.

Diet in Convalescence. By H. M. Edmonds, Sister, Guy's Hospital. The Scientific Press, Ltd., 28, 29 Southampton St., Strand, London, W.C., England. Price one shilling net.

This book of the Pocket Guide Series gives some information as to foods and a collection of recipes suitable for the convalescent.

THE CANADIAN NURSE EDITORIAL BOARD

Newfoundland

Miss Southcott, Supt. Training School for Nurses, Gen. Hosp., St. John's.

Prince Edward Island

Miss A. M. Ross, Supt. Prince Edward Island Hospital, Charlottetown.

Cape Breton

Mrs. Lornay, Brooklands, Sydney, N.S.

Nova Scotia

Miss Pemberton, Supt. Restholm Hospital, Halifax.

Miss Kirke, Supt. Victoria General Hospital, Halifax.

New Brunswick

Mrs. Richards, Supt. Victoria Public Hospital, Fredericton.

Miss Hegan, 75 Pitt St., St. John.

Quebec

Miss H. A. Des Brisay, 16 The Poinciana, 56 Sherbrooke St. W., Montreal.

Miss Colquhoun, 301 Mackay St., Montreal.

Miss Emily Freeland, 285 Mountain St., Montreal.

Miss Hersey, Supt. Royal Victoria Hospital. Montreal.

Miss L. E. Young, Asst. Supt. Montreal General Hospital, Montreal.

Miss M. Vernon Young, 56 Sherbrooke St. West, Montreal.

Miss Grace E. Nourse, 5 Elizabeth St., Sherbrooke.

Ontario

Miss Morton, Supt. Gen. and Marine Hospital, Collingwood.

Miss MacWilliams, Supt. General Hospital, Oshawa.

Miss Robinson, Toronto General Hospital.

Miss Janet E. Anderson, 35 Norwich St, Guelph.

Miss Bessie Street, 137 Catherine St. N., Hamilton.

Miss Annie Baillie, 237 Queen St., Kingston.

Miss M. A. MacKenzie, Chief Supt. V.O.N, Somerset St., Ottawa.

Miss M. A. Ferguson, 476 Bonacord St., Peterboro.

Miss L. Regan, St. Joseph's Hospital, Port Arthur.

Miss Jewison, 71 First Ave., Toronto.

Miss Ewing, 295 Sherbourne St., Toronto.

Miss S. B. Jackson, 36 Prince Arthur Ave., Toronto.

Miss M. Russell, 24 Patterson Ave., Ottawa.

Miss McNeill, 82 Gloucester St., Toronto.

Miss J. I. Gunn, Toronto General Hospital.

Miss E. F. Neelin, General Hospital, Kincardine.

Miss A. M. Connor, 853 Bathurst Street, Toronto.

Miss C. V. Swayze, 2 Lyman Street, St. Catharines.

Miss J. Ferguson, 596 Sherbourne Street, Toronto.

Miss Lennox, 32 Bernard Avenue, Toronto.

Miss G. A. Hodgson, 26 Foxbar Rd., Toronto.

Mrs. W. Cummins, 95 High St., London.

Miss G. A. Gowans, 5 Dupont St., Toronto.

Miss Butchart, Toronto.

Miss E. Master, 27 Ellen St. E., Berlin.

Manitoba

Miss Birtles, Supt. General Hospital, Brandon.

Miss Wilson, Supt. of Nurses, General Hospital, Winnipeg.

Miss M. I. Burns, General Hospital, Winnipeg.

Saskatchewan

Miss Jean E. Browne, Alexandra School, Hamilton St., Regina.

Alberta

Miss M. M. Lamb, 562 Kirkness St., Edmonton.

Miss McPhedran, 1514 Eleventh Ave. W., Calgary.

British Columbia

Miss Judge, 811 Thurlow St., Vancouver.

Miss M. H. Clarke, 1030 St. Charles St., Victoria.

Miss Rene Norcross, 1274 Mitchell St., Victoria.

Yukon Territory

Miss Burkholder, Hospital of the Good Samaritan, Dawson.

BOARD OF DIRECTORS

Mis J. I. Gunn, Toronto, President.

Miss M. E. Christie, 39 Classic Ave., Toronto, Secretary-Treasurer.

Miss Lennox, Toronto.

Miss J. G. McNeill, Toronto.

Miss A. I. Robinson, Toronto.

Editor

Miss Bella Crosby, 295 Sherbourne Street, Toronto.

Courses in Public Health Nursing

The Boston Instructive District Nursing Association offers two courses in preparation for public health nursing.

The Eight Months' Course is offered by the Association in connection with Simmons College (Harvard University) and the School for Social Workers. The work at Simmons College includes courses in sanitary science and public health, preventive medicine, social legislation, and household economics. At the School for Social Workers lectures and conferences throughout the year on the principles and methods of social service, with related practical work. Practical nursing experience arranged by the Instructive District Nursing Association. Tuition fee, $80.00.

The Four Months' Course, under the direct management of this Association, is designed to give a basis for the varieties of social work where nurses are in demand. Instruction is given in the procedures of district and visiting nursing in all its branches, and experience provided in the principles and methods of organized relief. Field work, lectures and class discussion.

For further information apply to

MISS A. M. CARR

561 Massachusetts Ave., Boston, Mass.

New York Polyclinic Post-Graduate School for Nurses

¶ Offers nine months course in the following branches: Surgery, including emergency work; Operating Room Technic; Sterilization; Gynecology; Pediatrics; Eye, Ear, Nose, Throat; Orthopedics; Cystoscopy.

¶ Classes by resident instructor, supplemented by bedside instruction. Lectures by Attending Staff. Special Course in Dietetics. Diploma awarded on satisfactory completion of course. Registry maintained for graduates and frequent opportunities given to obtain institutional positions. Remuneration: board, lodging, laundry, and $12 monthly.

¶ A special course of four months duration is offered to those specially qualified. Remuneration: board, lodging, laundry and $6 monthly.

E. LETA CARD, R.N.
Superintendent of Nurses
341-351 West 50th St., New York

Obstetric Nursing

The Chicago Lying-in Hospital offers a four-months' post-graduate course in obstetric nursing to graduates of accredited training schools connected with general hospitals, giving not less than two years' training, and a six-months' post-graduate course to nurses who are graduates of training schools connected with hospitals for the insane and sanitariums giving not less than two years' training.

The course comprises practical and didactic work in the hospital and practical work in the Out Department connected with it. On the satisfactory completion of the service a certificate is given the nurse.

Board, room and laundry are furnished and an allowance of $10.00 per month to cover incidental expense.

Affiliations with accredited Training Schools are desired, as follows:

A four-months' course to be given to pupils of training schools associated with general hospitals and a six-months' course to pupils of training schools associated with hospitals for the insane or sanitariums.

Only pupils who have completed their surgical training can be accepted.

Pupil nurses receive board, room and laundry and an allowance of $5.00 per month.

Address

Chicago Lying-in Hospital and Dispensary

5038 Vincennes Ave Chicago

Official Department

Queen Alexandra's Imperial Military Nursing Service.

The Canadian Permanent Army Medical Service (Nursing Branch).

The Canadian Society of Superintendents of Training Schools for Nurses.—President, Miss Helen Randal, Vancouver, B.C.; Secretary, Miss Phillips, 750 St. Urbain St., Montreal.

The Canadian National Association of Trained Nurses.—President, Miss S. P. Wright, Vancouver, B.C.; Secretary, Miss Jean I. Gunn, Toronto General Hospital.

The Canadian Nurses' Association, Montreal.—President, Miss Phillips; Cor. Secretary, Miss H. A. Des Brisay, 56 Sherbrooke St. W., Montreal.

The Nova Scotia Graduate Nurses' Association.—President, Miss Pemberton, "Resthohm," Halifax; Secretary, Miss Kirke, Supt. Victoria General Hospital, Halifax.

The Graduate Nurses' Association of Ontario.—President, Mrs. Tilley; Rec. Sec., Miss I. F. Pringle, 310 Brunswick Ave., Toronto.

The Victorian Order of Nurses.—Miss Mackenzie, Chief Superintendent, 578 Somerset St., Ottawa.

The Guild of St. Barnabas for Nurses.

The Collingwood G. and M. Hospital Alumnae Association.—President, Miss E. M. Dawson; Secretary, Miss J. E. Carr, Collingwood.

The Calgary Graduate Nurses' Association.—President, Miss McPhedran, General Hospital; Secretary, Mrs. J. W. Hugill, 828 Royal Ave.

The Edmonton Graduate Nurses' Association.—President, Miss Mitchell; Secretary, Miss Martin, 346 Victoria Ave.

The Ottawa Graduate Nurses' Association.—President, Miss Grace Moore; Secretary, Mrs. Hawkins.

The Galt General Hospital Alumnae Association.—President, Mrs. Wardlaw; Secretary, Miss Adair.

The Guelph General Hospital Alumnae Association.—President, Mrs. M. Douglas; Cor. Sec., Miss L. M. Kopkings, General Hospital.

The Hamilton City Hospital Alumnae Association.—President, Miss Laidlaw; Cor. Sec., Miss Bessie Sadler, 100 Grant Ave.

The London Victoria Hospital Alumnae Association.—President, Miss A. MacDougall; Secretary, Miss L. Whiting, Victoria Hospital, London, Ont.

The Kingston General Hospital Alumnae Association.—President, Mrs. Nicol; Secretary, Mrs. S. F. Campbell.

The Manitoba Association of Graduate Nurses.—President, Mrs. Willard J. Hill; Secretary, Miss E. Gilroy, 674 Arlington St., Winnipeg.

The Montreal General Hospital Alumnae Association.—President, Miss Ethel Brown; Cor. Secretary, Miss Ethel Lee, 318 Grosvenor Ave., Westmount.

The Montreal Royal Victoria Hospital Alumnae Association.—President, Mrs. Stanley; Secretary, Mrs. Edward Roberts, 185 Colonial Ave., Montreal.

The Ottawa Lady Stanley Institute Alumnae Association.—President, Mrs. C. T. Ballantyne; Sec.-Treas., Mrs. J. G. Smith.

The St. Catharines G. and M. Hospital Alumnae Association.—President, Miss Merle McCormack; Secretary, Miss Annie E. Moyer.

The Toronto General Hospital Alumnae Association.—President, Miss Janet Neilson; Cor. Sec., Mrs. N. Aubin, 27 Christie Street.

The Toronto Graduate Nurses' Club.—President, Mrs. Struthers, 558 Bathurst St.

The Toronto Central Registry of Graduate Nurses.—Registrar, Miss Ewing, 295 Sherbourne St.

The Toronto Grace Hospital Alumnae Association.—President, Miss L. Segsworth; Secretary, Miss M. E. Henderson, 42 First Ave.

The Toronto Hospital for Sick Children Alumnae Association.—President, Miss Leta Teeter; Cor. Sec., Miss Keefer, 321 College Street.

The Toronto Riverdale Isolation Hospital Alumnae Association.—President, Miss McNeill; Secretary, Miss Luney, Riverdale Hospital.

The Toronto St. Michael's Hospital Alumnae Association.—President, Miss Stubberfield; Secretary, Miss Foy, 163 Concord Avenue.

The Toronto Western Hospital Alumnae Association.—President, Miss S. B. Jackson; Cor. Sec., Mrs. Geo. Valentine, 55 Lakeview Ave.

The Winnipeg General Hospital Alumnae Association.—President, Miss Hood; Secretary, Miss M. F. Gray, General Hospital.

The Vancouver Graduate Nurses' Association.—President, Miss C. C. Trew; Secretary, Miss Ruth Judge, 811 Thurlow St.

The Vancouver General Hospital Alumnae Association.—President, Miss Ruth Judge; Secretary, Miss H. Mackay, 3476 Powell St.

The Victoria Trained Nurses' Club.—President, Miss G. H. Jones; Secretary, Miss H. G. Turner.

The Florence Nightingale Association, Toronto.—President, Miss I. F. Pringle; Secretary, Miss J. C. Wardell, 118 Delaware Ave.

Nicholl's Hospital Alumnae Association, Peterboro.—President, Miss B. Mowry; Secretary, Miss E. Davidson, 563 Park Street.

The Canadian Public School Nurses' Association.—President, Miss E. J. Jamieson; Secretary, Miss M. E. Misner, 16 Ulster Street, Toronto.

The Graduate Nurses' Association of Thunder Bay.—President, Mrs. J. W. Cook; Secretary, Miss L. Regan, St. Joseph's Hospital, Port Arthur, Ont.

The Medicine Hat Association of Graduate Nurses.—President, Miss V. L. Winslow; Secretary, Miss Ford, General Hospital, Medicine Hat, Alta.

The Alumnae Association of Ottawa General Hospital.—President, Miss Margaret Brankin; Secretary, Miss P. Redmond, 125 Nicholas St.

The Graduate Nurses' Association of Berlin and Waterloo.—President, Mrs. E. C. Pieper; Secretary, Miss Elsie Masters, 27 Ellen St. E., Berlin, Ont.

The Graduate Nurses' Association of Sarnia.—President, Miss Douglas; Secretary, Miss Parry.

The Eastern Townships Graduate Nurses' Association.—President, Miss Orford; Secretary, Miss Helen Hetherington, 29 Queen St., Sherbrooke, Que.

Newfoundland Graduate Nurses' Association.—President, Miss Southcott; Secretary, Miss Borden, General Hospital, St. John's.

New Brunswick Graduate Nurses' Association—President, Miss E. P. Hegan,; Cor. Secretary, Miss A. A. Burns.

The Woodstock General Hospital Alumnae Association.—President, Mrs. V. L. Francis; Corresponding-Secretary, Miss Kathleen Markey, Wellington S. N., Woodstock, Ont.

An Interesting Letter

A nurse in a prominent New York Hospital writes this unsolicited letter :—

"I purchased a white 'DIX-MAKE' Uniform last week and am so pleased with it that I will get six more. I am more than delighted with it and have been showing it to other nurses who are enthusiastic over it. Shall continue to exhibit the beautiful garment. It fits me perfectly.

Many leading hospital authorities and thousands of well-dressed nurses have expressed preference for Dix-Make Uniforms, because the perfect tailoring, good fit, and smart appearance, make them especially desirable.

Sold by leading stores. Our label on every garment is for your protection.

Write for Blue Book of styles and prices

HENRY A. DIX & SONS COMPANY
Dept. B. Dix Building New York

Makers of

Dix-Make UNIFORMS

Na-Dru-Co Royal Rose Talcum Powder

makes life pleasanter for everyone who uses it. For the evening toilette—after the bath—for the baby—it is refreshing, comforting and good for the skin.

25c a tin at your Druggist's.

National Drug and Chemical Co. of Canada, Limited, Montreal 24C

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO.

Honorary President, Miss M. J. Kennedy, 1189 Yates St., Victoria, B.C.; President, Miss Ina F. Pringle, 310 Brunswick Ave.; Vice-President, Miss Ferguson, 596 Sherbourne St.; Secretary, Miss Jean C. Wardell, R.N., 290½ Dundas St.; Treasurer, Miss Millan, 30 Brunswick Ave.

Board of Directors—Misses Morrison, Code, Nash, Wilson, Didsbury, M. A. MacKenzie, Mrs. J. McCullough and Mrs. Wigham.

Representatives to Central Registry Committee—Misses Pringle and Wardell.

"The Canadian Nurse" Representative—Miss Jessie Ferguson, 596 Sherbourne Street.

Regular Meeting—First Tuesday, every second month.

THE ALUMNAE ASSOCIATION OF VICTORIA HOSPITAL TRAINING SCHOOL FOR NURSES, LONDON, ONTARIO.

President—Miss A. MacDougal; Vice-President, Miss McVicar; Secretary-Treasurer, Miss L. Whiting.

Conveners of Committees—Sick Visiting, Social and Look-Out, Miss Ida Rasser, Victoria Hospital; programme, Miss Mary Mitchell, 77 Grey St.

Program Committee—Miss Cline, Miss Whiting, Miss Smallman, Miss McVicar.

"The Canadian Nurse" Representative—Mrs. W. Cummins, 95 High Street.

Regular meeting, 1st Tuesday, 8 p.m., at Victoria Hospital.

THE TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION.

Honorary President, Miss Scott, Superintendent of Nurses, Western Hospital; President, Miss S. B. Jackson, 36 Prince Arthur Ave.; First Vice-President, Mrs. Baillie; Second Vice-President, Mrs. Rowntree; Recording Secretary, Mrs. Gilroy, 490 Spadina Ave.; Corresponding Secretary, Mrs. Geo. Valentine, 55 Lakeview Ave; Treasurer, Mrs. MacLean, 702 Shaw St

Directors—Mrs. MacConnell, Mrs. Yorke, Mrs. Bell, Misses Rose, Annan and Pringle.

Committees—Visiting, Misses Cooper, Adele Jackson and Wice; Programme, Misses Misner, Chisholm and Boggs.

Representatives on Central Registry Committee—Misses Anderson and Cooney.

"The Canadian Nurse" Representative—Miss Creighton, 424 Euclid Ave.

Regular Meeting—First Friday, 3 p.m.

THE ALUMNAE ASSOCIATION OF TORONTO GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES.

Honorary President, Miss Snively, 50 Maitland St., Toronto; President, Miss Janet Neilson, 295 Carlton St.; First Vice-President, Miss M. A. B. Ellis; Second Vice-President, Miss B. Gibbons; Recording Secretary, Miss B. Harmer; Corresponding Secretary, Mrs. N. Hillary Aubin, 22 Westview Court, 27 Christie St., College 5378; Treasurer, Miss Anna Oram, 986 Gerrard St. E.

Directors—Misses Florence Ross, Mildred Allen, Annie L. Campbell.

Conveners of Committees—Social, Miss Elizabeth Morris, 35 Aylmer Ave.; Lookout, Miss Anna Oram, 986 Gerrard St. E.; Programme, Miss Neilson; Registration, Miss Bella Crosby, 1 Albany Ave.

Representatives on Central Registry Committee, Miss Edna Dow and Miss Minnie Samson.

Representative to The Canadian Nurse, Miss Lennox, 32 Bernard Ave.

Regular meeting—First Wednesday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO.

President—Miss Stubberfield, 1 St. Thomas Street; First Vice-President, Miss Chalue, 514 Brunswick Avenue; Second Vice-President, Miss B. Hayes, 853 Bathurst Street; Secretary, Miss M. I. Foy, 163 Concord Avenue; Treasurer, Miss B. Hinchey, 853 Bathurst Street.

Board of Directors—Miss A. Dolan, 592 Markham Street; Miss L. Statton, 596 Sherbourne Street; Miss T. Johnson, 423 Sherbourne Street.

Representatives on Central Registry Committee—Miss S. Crowley and Miss J. B. O'Connor, 853 Bathurst Street.

Secretary-Treasurer Sick Benefit Association—Miss J. O'Connor, 853 Bathurst Street.

Representative The Canadian Nurse: Miss A. M. Connor, 853 Bathurst Street.

Regular Meeting—Second Monday every two months.

BIRTHS

On October 8, 1915, at New York, to Mr. and Mrs. Trow, a son. Mrs. Trow (Miss Wing) is a graduate of Stratford General Hospital and late Assistant Superintendent in Owen Sound, Ont.

At Moose Jaw, Sask., on October 5, 1915, to Mr. and Mrs. C. M. Learmonth, a son. Mrs. Learmonth (Alice West) is a graduate of Toronto Western Hospital, class '10.

At Guelph Apts., Winnipeg, on September 5, 1915, to Major and Mrs. E. G. Rogers, a son. Mrs. Rogers (May Watson) is a graduate of the Hospital for Sick Children, Toronto, class '07.

At St. Catharines, Ont., on September 16, 1915, to Mr. and Mrs. R. L. Dunn, a daughter (Anna Catharine). Mrs. Dunn is a graduate of the Mack Training School, St. Catharines, class '03.

MARRIAGES

At St. John, N.B., on June 17, 1915, Miss Muriel Gillis, class '11, R.V.H., Montreal, to Mr. Charles Harold Brock.

At Ottawa, on September 2, 1915, Miss Marie Antoinette Valade, class '12, R.V.H., Montreal, to Dr. Louis A. Roy, of Lethbridge, Alta.

On September 18, 1915, at Beckenham, Kent, England, Miss Mabel Trenholme, class '12, R.V.H., Montreal, to Sergeant Frank Findlay, of the 5th Canadian Mounted Rifles.

On October 25, 1915, at Montreal, Miss Jessie Edington, graduate of Montreal Women's Hospital, class '12, to Mr. James T. Wade, of Ottawa.

On September 1, 1915, at Toronto, Miss Robinson Gale, graduate of Riverdale Hospital, Toronto, class '07, to Mr. W. Robinson, Toronto.

On August 18, 1915, at Arnprior, Ont., Miss Frances Piggott, graduate of Riverdale Hospital, Toronto, to Mr. Archibald Murphy.

At Morrisburg, on October 12, 1915, Miss Clara G. Elliott, graduate of the Nicholls' Hospital, Peterboro, class '09, to Mr. Lash, of Alberton, Prince Edward Island.

In London, England, on September 17, 1915, Miss Eva Hambly, graduate of the G. & M. Hospital, Owen Sound, Ontario, Nursing Sister with the First Canadian Contingent, to Captain H. J. Coghill, an officer of the First Contingent, who went from Stratford, Ontario.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN TRAINING SCHOOL FOR NURSES, TORONTO.

Hon. President, Mrs. Goodson; President, Miss Leta Teeter, 498 Dovercourt Road; 1st Vice-President, Miss Mary Hill, 105 Roxborough St. E.; 2nd Vice-President, Miss O. Campbell.

Treasurer, Miss I. Anderson, The Ainger Apts., corner Bloor and Sherbourne Streets.

Recording Secretary, Miss M. McNeil, Hospital for Sick Children.

Corresponding Secretary, Miss Keefer, 321 College St.

Conveners of Committees—General Business, Miss Jamieson; Sick Visiting, Miss Witters, 127 Walmer Road.

Press Representative and "The Canadian Nurse" Representative, Miss W. M. Armstrong. Representatives on Central Registry Committee, Misses Fraser and Barnhart.

Regular Meeting, Second Thursday, 3.30 p.m.

THE ALUMNAE ASSOCIATION OF THE HAMILTON CITY HOSPITAL TRAINING SCHOOL FOR NURSES.

President, Miss Laidlaw; First Vice-President, Miss M. Aitken; Second Vice-President, Mrs. Malcolmson; Recording Secretary, Miss M. Ross; Corresponding Secretary, Miss Bessie Sadler, 100 Grant Avenue; Treasurer, Miss A. Carscallen, 176 Catherine Street North.

Regular Meeting—First Tuesday, 3 p.m.

The Canadian Nurse Representative—Miss D. E. Street, 137 Catherine Street North.

Committee—Misses Kennedy, C. Kerr, M. Brennen, Waller and Mrs. Newson.

THE ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO.

Honorary President, Miss G. L. Rowan, Superintendent of Nurses, Grace Hospital; President, Miss L. Segsworth; First Vice-President, Miss C. E. De Vellin; Second Vice-President, Miss I. R. Sloane; Secretary, Miss Pearl Wood; Assistant Secretary, Miss E. Henderson; Treasurer, Miss Irvine, 596 Sherbourne Street.

Directors: Misses Cunningham, Bates, Upper.

Conveners of Committees: Social, Miss Etta McPherson; Programme, Miss Rowan; Press and Publication, Miss L. Smith; Representative to The Canadian Nurse, Miss Jewison, 71 First Avenue.

Regular meeting, second Tuesday, 3 p.m.

THE ALUMNAE ASSOCIATION, RIVERDALE HOSPITAL, TORONTO

President, Miss J. G. McNeill, 82 Gloucester St.; Vice-President, Miss K. Mathieson, Superintendent Riverdale Hospital; Secretary, Miss Luney, Riverdale Hospital; Treasurer, Miss Kirk, 336 Crawford St.

Executive Committee—Misses K. Scott, Murphy, and Mrs. Lane.

Conveners of Committees—Sick Visiting, Miss Honey; Programme, Miss E. Scott.

Representatives on Central Registry Committee—Misses Piggott and Rork.

Representative "The Canadian Nurse"—Miss J. G. McNeill.

Regular Meeting—First Thursday, 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. BONIFACE HOSPITAL, ST. BONIFACE, MANITOBA.

President, Miss A. C. Starr, 753 Wolseley Ave., Winnipeg; First Vice-President, Miss H. Sykes, 753 Wolseley Ave.; Second Vice-President, Miss L. Tracy, 244 Arlington St., Winnipeg; Secretary, Miss Barbara MacKinnon, 753 Wolseley Ave.; Treasurer, Miss J. Tracy, 244 Arlington Street.

Conveners of Committees: Executive, Miss Stella Gordon, 251 Stradbrook Ave., Winnipeg; Social, Miss E. Manion, 191 Home St., Winnipeg; Sick Visiting, Miss J. Stensly, 753 Wolseley Ave.

Regular Monthly Meeting—Second Thursday at 3 p.m.

THE ALUMNAE ASSOCIATION, TORONTO FREE HOSPITAL FOR CONSUMPTIVES TRAINING SCHOOL FOR NURSES, WESTON, ONT.

Honorary President, Miss E. McP. Dickson, Superintendent of Nurses, Toronto Free Hospital; President, Miss A. E. Wells, 24 Lincoln Ave., Toronto; Vice-President, Miss K. Bowen; Secretary, Miss Jean D. Bryden, Toronto Free Hospital; Treasurer, Miss C. I. Bobbette, Toronto Free Hospital.

Programme Convener—Miss Jean V. Crossley, Toronto Free Hospital.

Press Representative—Miss J. D. Bryden.

Regular Meeting—Second Friday of each month.

Instruction in Massage

Gymnastics, Original Swedish (Ling) System
Electro- and Hydro-Therapy

Theoretical and practical instruction. Lectures, Quizzes and Demonstrations on Anatomy, Physiology, Pathology, Hygiene, Theory of Massage and Gymnastics, Hydro- and Electro-Therapy by members of the staff and invited physicians. Abundant clinical material. Students attend clinics at several city hospitals. Hospital positions secured after graduation. Separate male and female classes. Diploma. Particulars and illustrated prospectus upon application.

Winter Class opens January 19, 1916
Spring Class opens April 5, 1916
Summer Class opens July 5, 1916

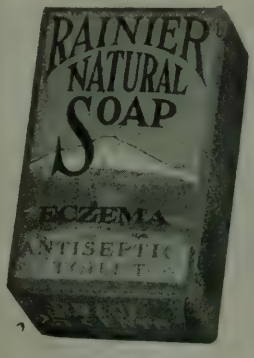
Duration of term four months

Pennsylvania Orthopaedic Institute & School of Mechano-Therapy (Incorporated)

1709 & 1711 Green St., Philadelphia, Pa.

TO THE NURSE

THE peculiar combination of natural mineral elements in RAINIER NATURAL SOAP, creating as it does complete asepsis, makes this soap particularly valuable to the Nurse, both for her personal toilet use and for her cases.



It is effective in almost any inflammation or eruption of the skin, as it exerts a cooling, soothing influence and hastens the healing process.

RAINIER NATURAL SOAP is about 85 per cent. Refined Mineral Saxonite and 15 per cent. pure soap.

To demonstrate its efficiency for the Nurse's use, we will gladly send on request

FULL SIZE TRIAL CAKE

Sold regularly by druggists for 25c. per cake.

RAINIER MINE COMPANY
Buffalo, N.Y.

The Neurological Institute of New York

offers a six months' Post Graduate Course to Nurses. Thorough practical and theoretical instruction will be given in the conduct of nervous diseases, especially in the application of water, heat, light, electricity, suggestion and re-education as curative measures.

$20.00 a month will be paid together with board, lodging and laundry. Application to be made to Miss E. F. Rivington, Superintendent, 149 East 67th St., New York City.

Superintendent Wanted

(Protestant) for the Smiths Falls Public Hospital. Must have had previous experience, and qualified to take full management of Nurses and Housekeeping under direction of House Committee. Fifty-five beds. Salary $900. Apply with testimonials covering above and as to experience as surgical nurse, to

Rev. Canon Bliss **Smiths Falls, Ont.**

CONTENTS OF VOLUME XI.

	Page
The War. A. H.	9
Blood Transfusion in Infancy and Childhood. H. S. C., Toronto	23
Maternity Work at the Burnside, Toronto General Hospital. H. M. I. Kelly	25
Management of Small Hospitals. Janet E. Cameron	69
Food for Sick and Convalescent. Miss Dobson	73
Massage and "Swedish Movement Cure." Edith J. Taylor	75
Nurses in Literature	77
Where to Shop in Canada. E. M. Pemberton	79
Nova Scotia Provincial Examination for Nurses	81
The Canadian Nurse Editorial Board	82
The Graduate Nurses' Association of Alberta	83
University of Manitoba Examination for Nurses' Registration	86
The Little Brother. Rene Norcross	100
The Value of Social Work to the Hospital Dr. C. M. Hincks	129
The Florence Nightingale of Winnipeg.	136
Welfare Work in Winnipeg. M. Wonnacott	144
Important Points. R. J. Dunsmore, L.D.S.	145
St. Boniface Hospital, St. Boniface, Manitoba	146
Hospital Social Service. Winnifred McLeod	189
Medical Inspection in Rural Schools. Blanche Sevanie.	193
Preliminary Training. Eva Stretton.	194
The Grouches of a Grad. Rene Norcross.	197
Annual Meeting	204
The Value of Foods in Tuberculosis, as Related to Their Cost. W. J. Dobbie, M.A., M.D., C.M.	249
General Hospital No IV, University of Toronto. C. K. Clarke, M.D.	255
Institution for Infants. H. S. C., Toronto.	257
Experiences of a Canadian Nurse in France. Mabel Lindsay, R.N.	258
The Indian Hospital	261
Nurses in Many Homes	262
Examination Paper	263
Labrador Sends Its Gift to Belgium	283
Nursing in Newfoundland. M. Southcott.	309
St. Joseph's Hospital, Port Arthur, Ont.	313
Examination Papers, 1915	315
The Nursing of Nervous Patients. Gladys Tatham.	318
The Nurse in the Commercial World. L. A. Warren	320
New Brunswick Graduate Nurses' Association	323
Saskatchewan Graduate Nurses' Association	323
The Nurses' Part	325
Twelfth Annual Meeting of the Graduate Nurses' Association of Ontario	369
Institutions and Social Laws Pertaining to Social Service Work. Helen McMurrich	377
The Manitoba Association of Graduate Nurses	390
The Nurse and Her Training School. V. L. Winslow	427
Address. Dr. R. B. Dean	429
Tenth Annual Report of Toronto Central Registry of Graduate Nurses	436
The Unskilled Profession. Emily H. Grant.	439
Address. Dr. Stewart, Fort William	444
Peace Not Yet, But a Sword	448
Intravenous Infusion	450
Address. Dr. Proctor, Vancouver.	487
The French Flag Nursing Corps.	491
A Plea for Help in the Prevention of Blindness	493
Is Nursing a Profession or a Trade?	504
Death of Mrs. McEvoy	505
Hospital Discipline and Ethics. Mary H. Tufts	514
Address. Prof. E. K. Broadus	547
Service in War Time. E. M. Forsythe	552
Industrial Scholarships. B. E. Ammerman	554
Prayer for Nurses	567
Urine Analysis for Nurses. Henry F. Keever, M.D.	579
Acute Poliomyelitis, or Infantile Spinal Paralysis. Dr. McCuen	607
Class Inspection by the School Nurse. R. Jeffers	610
The Possible Amalgamation of Visiting, Hourly and Household Nursing. Mrs. John H. Lowman.	612
Health of School Children. Dr. W. A. Thomson	667
Nurses' Association of China. M. L. S.	673
From the Front	682

K&O
K.&O. DOUCHE FOR THE APPLICATION OF
GLYCO-THYMOLINE TO THE NASAL CAVITIES
GLYCO-THYMOLINE
IS USED FOR CATARRHAL CONDITIONS OF
MUCOUS MEMBRANE IN ANY PART OF THE BODY
Nasal, Throat, Stomach, Intestinal
Rectal and Utero-Vaginal Catarrh
KRESS & OWEN COMPANY - 361-363 Pearl St., New York

Gleanings 497, 556
The School Nurse 264, 328
Correspondence 206, 449, 620
Editorial 29, 91, 148, 208, 270, 329, 452, 507, 568, 629, 688
The Guild of St. Barnabas 31, 92
The Graduate Nurses' Association of Ontario 32, 93, 150, 210, 272, 330, 453, 511, 563, 570, 631, 691
The Victorian Order of Nurses 34, 95, 153, 211, 273, 331, 394, 454, 512, 571, 634, 695
The Canadian Nurses' Association, Montreal 33, 94, 151, 213, 275, 334, 397, 456, 513, 572, 633, 694
Hospitals and Nurses 36, 96, 154, 218, 276, 338, 399, 459, 526, 575, 635, 696
The Nurses' Library 46, 114, 164, 284, 584, 642, 706
Official Department . . . 50, 106, 170, 230, 288, 348, 470, 530, 590, 650, 708
Publishers' Department . . . 56, 116, 176, 236, 296, 414, 536, 596, 656, 716

PUBLISHERS' DEPARTMENT

GRADUATION REPORT

Among the students graduated at the end of the summer term, 1915, from the Pennsylvania Orthopaedic Institute and School of Mechano-Therapy, 1709-1711 Green Street, Philadelphia, Pa., were the following:

Mrs. F. I. Coutant, R.N., Lincoln, Nebraska, Dr. Benjamin F. Bailey Training School for Nurses, Lincoln, Neb.; Miss Agnes McL. Martin, Augusta, Ga., London Hospital, London, England; Mrs. Louise M. Schuler, Philadelphia, Pa.; Miss Enid G. Finley, Montreal, Canada; Miss Maude V. Kinnier, Philadelphia, Pa.; Miss Louise Jetter, Collingswood, N.J.; Mr. F. I. Coutant, R.N., Lincoln, Nebraska, Dr. Benjamin F. Bailey Training School for Nurses, Lincoln, Nebraska; Mr. Thomas U. Brink, Philadelphia, Pa.

POSITION WANTED

As Night Operator or Surgical Ward Nurse, by a Canadian graduate of 1909. Credentials on request. Address L. E., c.o. Canadian Nurse, 32 Colborne St., Toronto. ND

POSITION WANTED

By a Canadian Graduate, 1910, position as Night Supervisor or Assistant, or head day nurse. Best of references. Address C. E., Canadian Nurse, 32 Colborne Street, Toronto, Ont.

HOME FOR NURSES

Graduate Nurses wishing to do private duty will find at Miss Ryan's Home for Graduate Nurses (connected with one of the largest private sanatoriums in the city) a splendid opportunity to become acquainted and established in their profession. Address 106 West 61st Street, New York City. Phone Columbus 7780-7781.

NURSING BOOKS

Technical Books—If there is any book on nursing you want, write us and we will try to get it for you. The Canadian Nurse, Toronto.

Every Nurse should have Pattee's "PRACTICAL DIETETICS"

By ALIDA FRANCES PATTEE

Published by A. F. Pattee, Mt. Vernon, N.Y. Sixth edition, enlarged and revised, 12mo. cloth, 550 pages. **Price, by mail, $1.50 in advance; C.O.D., $1.75. SPECIAL OFFER TO OUR READERS:** Send us your renewal and two new subscribers and we will send you this valuable book free 1918

Address: THE CANADIAN NURSE, Toronto, Canada

RT
1
C35
v.11
cop.2
Nursing

The Canadian nurse

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY

STORAGE

~~LIBRARY USE ONLY~~